AFFIDAVIT OF CUSTODIAN OF RECORDS

STATE OF Alabama

COUNTY OF Jefferson

I, Cheryl Bryant, being first duly sworn, on oath, depose and state that:

1. I am a duly authorized custodian of the medical records of William E. Donaldson facility located at 100 Warrior Lane Bessemer, AL. 35023, and have the authority to certify those records.

2. Copies of the records attached to this affidavit are true copies of the medical records of Averette Zavius 217905.

3. The records were prepared by the personnel or staff of the facility, or persons acting under their control, in the regular course of the business at or about the times of this act, conditions or event recorded.

Cheryl Bryant
Medical Records Custodian

STATE OF Alabama

COUNTY OF Jefferson

SUBSCRIBED AND SWORN to before the undersigned on the 22nd day of June, 2006.

Patricia H. Parsons
Notary Public

My Commission Expires: 5/31/2008

-- NOTARY SEAL --

ALABAMA DEPARTMENT OF CORRECTIONS

PROBLEM LIST

INMATE NAME Averette Zavius **AIS#** 217905

Medication Allergies: NKA

Medical: Chronic (Long-Term) Problems
Roman Numerals for Medical/Surgical

Mental Health Code: SMI HARM HIST NONE
Capital Letter for Psychiatric Behavior

Date Identified	Chronic Medical Problem	Mental Health Code	Date Resolved	Provider Initials
7/29/05	Detanus Toxoid given			KG

****If Asthmatic label: Mild – Moderate – or Severe.**

PROBLEM LIST

Name Averette, Zavius

ID # 217905

D O.B. [redacted]

Medication Allergies NKA

Date Identified	Chronic (Long-Term) Problems Roman Numerals for Medical/Surgical Capital Letters for Psychiatric/Behavioral	Date Resolved	Health Care Practitioner Initial
8/21/07	Mentm no SMZ		
	IVDU		
5 May 07	Chart reviewed & WNL		
	MH status = OK Dr Enter		

01/94

CMS 7189

TUBERCULIN PPD FOR INMATES

INITIAL SKIN TEST

Date Given: 9/29/05 Date Read: 10/2/05

Site Given: L Forearm Size: 0 mm

Lot #: 004 PW4 P

Nurse: [signature] Nurse: [signature]

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to TB testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Janis Averitte 9-29-05.
Inmate Signature Date

[signature] 9/29/05
Witness Signature Date

INMATE NAME:	ID#:	RACE:	LOCATION:
Averitte Janis	217905	B M	Elmore

PRISON HEALTH SERVICES, INC.

YEARLY HEALTH EVALUATION

I. HISTORY – (LPN or RN)	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)		✓	____ lbs. ____ 6 months ago
Persistent Cough		✓	Last weight ____
Chest Pain		✓	
Blood in Urine or Stool		✓	
Difficult Urination		✓	
Other Illnesses (Details)		✓	
Smoke, Dip or Chew		✓	
ALLERGIES		✓	NKDA

Weight 178 Temp 97.8 Pulse 64 Resp 18 Blood Pressure 140/80 130/70

If greater than > 140/90, repeat in 1hour.
Refer to M.D. if remains > 140/90.

Eye Exam: 20/30 OD 20/30 OS 20/40 OU

II. TESTING – (LPN or RN)	RESULTS
Tuberculin Skin Test (q yr)	Date given 7/29/05 Site LFA Read on 10/2/05 Results ____ mm
Past Positive TB Skin Test →	**Survey Completed** ____
(Chest x-ray if clinical symptoms)	Date ____ Results ____
RPR (q 3 yrs) due	Date 8/2/07 Results ____
EKG (baseline at 35, over 45 q 3 yrs)	NA
Cholesterol (at 35 then q 5 yrs)	NA
Tetanus/Diptheria (q 10 yrs) 1996	Last Given 7/29/05 Due 2008
(if done today)	Site given ____ Dose ____ Lot # ____
Optometry Exam (@ 50 if not already seen)	____
~~Mammogram~~ Blood Sugar	Date 9/29/05 Results 98
(females @ 40, q 2 yrs/other M.D. order)	

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)	
Heart	WNL
Lungs	Bil. CL
Breast Exam	____
Rectal (yearly after 45)	Results ____
with Hemoccult	Results ____
Pelvic and PAP (q 1 yr)	Date ____ Results ____

Facility Amelia Nurse Signature [signature] Date 9/29/05

M.D. or Mid-Level Signature [signature] Date 10/4/05

INMATE NAME	AIS#	D.O.B.	RACE/SEX
Annette Zarnes	217905	[redacted]	

EG

PRISON HEALTH SERVICES INCORPORATED

YEARLY HEALTH EVALUATION

I. HISTORY – (LPN or RN)	YES	NO	COMMENT(S)
Weight Change (greater 15 lbs.) (Compare Weight Below)		✓	Last weight at least 6 months ago
Persistent Cough		✓	
Chest Pain		✓	
Blood in Urine or Stool		✓	
Difficult Urination		✓	
Other Illnesses (Details)	✓		2-3/wk
Smoke, Dip or Chew		✓	
ALLERGIES		✓	

Weight 180 Temp 97.9 Pulse 70 Resp 16 Blood Pressure 136/84

If greater than > 140/90, repeat in 1hour.
Refer to M.D. if remains > 140/90.

Eye Exam: 20/20 OD 20/20 OS 20/20 OU
20/20 distant vic.

II. TESTING – (LPN or RN)	RESULTS
Tuberculin Skin Test (q yr)	Date given 8/2/04 Site LFA Read on 8/4/04 Results 0 mm
Past Positive TB Skin Test →	**Survey Completed** N/A
(Chest x-ray if clinical symptoms)	Date — Results —
RPR (q 3 yrs)	Date 8/2/04 Results
EKG (baseline at 35, over 45 q 3 yrs)	~~N/A~~
Cholesterol (at 35 then q 5 yrs)	N/A
Tetanus/Diptheria (q 10 yrs) (if done today)	Last Given 1996 Due 2006 Site given — Dose — Lot # —
Optometry Exam (@ 50 if not already seen)	N/A
Mammogram (females @ 40, q 2 yrs/other M.D. order)	Date N/A Results

III. PHYSICAL RESULTS – (RN, Mid-Level, M.D.)	
Heart	Reg R & R
Lungs	Clear Bilaterally
Breast Exam	N/A
Rectal (yearly after 45)	Results N/A
with Hemoccult	Results N/A
Pelvic and PAP (q 1 yr)	Date 10/17 Results

Facility Staton Nurse Signature _____ Date _____

M.D. or Mid-Level Signature N. Kelly Date 9/24/04

INMATE NAME	AIS#	D.O.B.	RACE/SEX
Averette Jones	217905	[redacted] 26/10	B/M

PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

KITCHEN CLEARANCE PHYSICAL ASSESMENT

	YES	NO
ANY OPEN SORES OR RASHES ON HANDS, ARMS, FACE & NECK	____	✓
TB TEST CURRENT	____	✓
DOES PT. SHOW ANY OBVIOUS SIGNS OF ANY OTHER DISEASE	____	✓

OTHER: _____

THIS PATIENT HAS BEEN INFORMED OF THE NEED FOR THE FOLLOWING:

PROPER HANDWASHING, NOT TO HANDLE FOOD WHILE SICK, SEEK MEDICAL EVALUATION WHEN NECESSARY AND TO NOTIFY THE DIETARY SERVICES SHIFT SUPERVISOR OF ANY ILLNESS.

MEDICAL AUTHORITY: [illegible] DATE: 8/2/04

I attest that the above statement is true to the best of my knowledge.
PATIENT SIGNATURE: [illegible] DATE: 8-2-04

EXPIRATION DATE: _____

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	Race/Sex	FAC
Annette Jones	217905	[redacted]	B/F	Staton

PHS-MD-70042 (White - Medical File, Yellow - Kitchen Supervisor, Pink - Classification Administrator (Inmate))

SDS MARKETING, INC.

NOTE: Print firmly using blue or black ink to complete form.

Alabama Department of Public Health
TB Division
RSA Tower/201 Monroe Street
Montgomery, ALabama 36130-3017

TB
Skin Test Report

County Code 26 Target Testing PROJECT 7017 CHR# 217905

Last Name: AVERETTE

First Name: ZARIUS MI:

Patient Home Address: STNTON

City:

State Zip Code Home Phone: - -

SSN: - -

Date of Birth: [redacted] SEX: (•) M ( ) F

Race: W (•) B ( ) AI ( ) A ( ) AN ( ) H/PI ( ) O

ETHNICITY: Hispanic or Latino: ( ) YES ( ) NO

Test Administered By:
- ( ) TB Staff
- ( ) PH Nurse
- (•) Other

Site Test:
- ( ) Health Department
- (•) Other

Reason Tested:
- ( ) Health Care Worker
- ( ) Medical Risk
- ( ) Shelter
- ( ) Student
- ( ) Occupational
- ( ) Foreign Born
- ( ) Homeless
- (•) Jail/Prison
- ( ) Not at Risk

Contact to Case/Suspect: ( ) YES ( ) NO

Risk Categories: ( ) A ( ) B ( ) C

PPD ONE:

Provider#: Lot#: U1279A

Date of Test: 08-02-2004 Antigen: AP TU

Provider#: Date Read: 08-04-2004 Result: 00 mm Not Read

PPD TWO:

Provider#: Lot#:

Date of Test: - - Antigen: AP TU

Provider#: Date Read: - - Result: mm Not Read

Race codes: W-White; B-Black; AI - American Indian; A-Asian; AN - Alaskan Native; H/PI-Hawaiian/Pacific Islander; O-Other

ADPH-TB - 26/REV-12-2002

NAPHCARE

Annual Health and TB Screening for Inmates

Facility Staton

Date Given: 8/1/03

Site Given: LFA

Lot# 45256261

Nurse RH Smith Lpn

Date Read 8/4/03

Size in M.M 0

Nurse RH Smith

Note: Past Positives and conversions, use Assessment of Tuberculin status for PPD reactors form *in addition to completing the bottom of this form.*

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Current Weight 175 Previous Weight 180 B/P 120/80

	circle
Recent chest pain	Yes or (No)
Kitchen clearance assess. ~~done and attached~~	(Yes) or No
Productive cough	Yes or (No)
Any bleeding	Yes or (No)

Emergency contact Glenda Averette (mom) Phone# (256) 245-6179

Address 5 East Park St Sylacauga AL 35150

X Inmate signature Queen Averette Date 8/1/03

Witness signature RH Smith Lpn Date 8/1/03

DOB [redacted] AGE 24 Race B SEX M SSN [redacted]

Inmate Name Queenette Jones AIS# 217905

NC-069

NAPHCARE

Annual Health and TB Screening for Inmates

Facility Staton

Date Given: 8-16-02 Date Read 8/18/02

Site Given: L F A Size in M.M. 0

Lot# 453-5-6261

Nurse D. Samuels Nurse N Wardlaw LPN

Note: **Past Positives and conversions**, use Assessment of Tuberculin status for PPD reactors form *in addition to completing the bottom of this form.*

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Current Weight 180 Previous Weight 189 B/P 136/72

	circle
Recent chest pain	Yes or (No)
Kitchen clearance assess. done and attached	Yes or (No) injected
Productive cough	Yes or (No)
Any bleeding	Yes or (No)

Emergency contact Glenda Annette Phone# 256-249-8422

Address 5 E. Park St

Sylacauga AL 35150

X Inmate signature [signature] Date 8/16/02

Witness signature [signature] Date 8/16/02

DOB [redacted] AGE 23 Race B SEX M SSN [redacted]

Inmate Name Annette, Travis **AIS#** 217905

PHYSICAL ASSESSMENT

KCI
Institution

INMATE NAME: Averette, Zavius

TYPE OF ASSESSMENT: INITIAL_____ OTHER_____

FAMILY HISTORY: (F/FATHER, M/MOTHER, B/BROTHER, S/SISTER)
TB____ HEPATITIS____ HIV+____ HYPERTENSION____
CANCER____ ASTHMA____ EPILEPSY____ ANEMIA____
KIDNEY DISEASE____ SICKLE CELL____ SEIZURES____
MENTAL ILLNESS____ DIABETES____ HEART DISEASE____
OTHER_____

VITAL SIGNS
HT____ WT_____ BP_____
PULSE_____ RESP_____ TEMP_____

VISION (SNELLEN CHART)
Rt: 20 with glasses_____
Lt: 20 with glasses_____

PHYSICAL ASSESSMENT

	Normal/Not Present Please ✓	Abnormal/Comment
SKIN: Color, Condition, Turgor, Recent Injury, Tatoos, Scars	✓	
HEAD: Hair, Scalp (pediculi)	✓	
EARS: Appearance, Canals	✓	
MOUTH: Throat, Tongue, Tonsils	✓	
NOSE: Obstruction, Drainage	✓	
NECK: Veins, Mobility, Thyroid, Carotids, Lymph nodes	✓	
CHEST (BREASTS) Configuration, Auscultation, Respirations, Cough/Sputum	✓	
HEART: Auscultation, Radial pulse, Apical pulse, Rythm	✓	
ABDOMEN: Shape, Bowel Sounds, Palpation, Hernia	✓	post inguinal hernia repair
SPINE	✓	
NEUROLOGICAL: Reflexes	✓	
GENITAL/URINARY: Lesions, Discharge	✓	
RECTAL EXAM: (For 40 yrs. old and older) Hemorroids, Anal Warts, Stool for Occult Blood + -	✓	
EXTREMITIES: Pulses, Edema, Joints	✓	

FEMALES ONLY
PELVIC EXAM: Pap Smear, Gonorrhea Culture (Admission PE only) NA

IMMUNIZATION STATUS
Date last Tetanus: 1996
Other_____

TB SCREENING
Current PPD: 8/20/01
Date Given:_____
Results and Date: 8/22/01
PLEASE CIRCLE
Follow-up scheduled: Not Indicated / Yes

ORAL SCREENING
Pain/Discomfort:_____
Condition of teeth: poor fair good
Condition of gums: poor healthy
False teeth: partial plate upper lower
Oral Hygiene instructions given:_____

REMARKS
HIV Rapid RPR 8/20/01

REFERRAL

Assessed by: [signature]
Date: 8/20/01 Time: 14:18
Physician Review: Dr Jones MD
Date: 8/24/01 Time: 11am

Revised 04/28/97 (CMS)

MEDICAL HISTORY AND SCREENING

Inmate Name: Averette Zavius ID #: _____ Race: B D.O.B.: [redacted] Institution

INMATE QUESTIONNAIRE (circle one)

1.	Do you have a medical problem such as bleeding or injuries that requires immediate medical attention?	Yes	No
2.	Have you fainted or had a head injury in the past 6 months?	Yes	No
3.	Have you been seen by a doctor in the past 6 months?	Yes	No
4.	Do you wear glasses or contact lenses?	Yes	No
5.	Do you have prosthesis, splint, crutches, cast or brace that you will need while here?	Yes	No
6.	Do you drink wine, beer or whiskey? How often Daily How much 24 pack Last time 5 months	Yes	No
7.	Have you had seizures or blackouts when you stop drinking?	Yes	No
8.	Do you use drugs? Type Marj. How often Daily Last time 5 months	Yes	No
9.	Have you had withdrawal problems when you stop taking drugs?	Yes	No
10.	Are you currently detoxing? If yes, from what substance? _____	Yes	No
11.	Do you have any medical problems we should know about?	Yes	No
12.	Have you been in this facility before?	Yes	No
13.	Are you covered by medical insurance or a benefits program?	Yes	No
MENTAL HEALTH			
14.	Have you ever been hospitalized or treated for psychiatric problem?	Yes	No
15.	Have you ever considered or attempted suicide?	Yes	No
16.	Are you feeling depressed or extremely sad?	Yes	No
17.	Do you want to hurt yourself or someone else?	Yes	No
18.	Are you hearing voices? If yes, what are they saying?	Yes	No
FEMALE INMATES ONLY			
19.	Are you pregnant? LMP_____	Yes	No
20.	~~Do you use birth control?~~ Type_____	Yes	No
21.	Have you recently had a baby, miscarriage or ~~abortion~~?	Yes	No

Comments: (Explain "Yes" Responses)
pt says he thought about suicide over family problems

VITAL SIGNS

HT 5'9" WT 189 BP 110/50
Pulse 60 Resp 22 Temp _____

DISPOSITION

Referrals _____ None
_____ Emergency Room (Pre-booking injury)
_____ Emergency Room (Acute condition)
_____ Physician
_____ Sick Call

Placement
_____ Infirmary
_____ Detoxification Setting
_____ General Population
_____ Other

CURRENT MEDICAL CONDITIONS (√ terms that apply)

Unconscious		Skin Infection	
Disoriented		Restricted Mobility	
Intoxicated		Skin Rash	
Lesions		Jaundice	
Obvious Pain		Needle Marks	
Bruises		Swollen Glands	
Fever		Active Cough	
Nausea		Vaginal/Penile Discharge	
Uses Tobacco		Dental Problems	

MEDICAL HISTORY (√ terms that apply)

Arthritis		Frequent Diarrhea	
Diabetes		Genital Sores	
Seizure Disorder		V.D.	
Asthma		Hepatitis	
Special Diet		HIV+	
Heart Condition		Tuberculosis	
Hypertension		Persistent Sore Throat	
Stomach Ulcer		Dental Problems	
Cancer		Surgeries Hernia	√
Sickle Cell Anemia		Chest Pain	
Emphysema		Jaundice	

TB HISTORY

Ever treated with TB drugs?	Yes	No
Previous PPD test?	Yes	No
Previous Positive Reaction?	Yes	No

If positive result:
When _____
Where _____

Chronic Cough/Blood		Fever	
Recent Weight Loss		Night Sweats	
Recent Appetite Loss		Fatigue	

MEDICATIONS

Current Medications:

ALLERGIES

Medication Allergies: Yes No
Type: _____
Other Allergies: Yes No
Type: _____

I acknowledge that I have answered all questions truthfully and have been told the way to obtain health services and consent to routine care provided by facility healthcare professionals. I understand that any medications not picked up within 30 days of release will be destroyed.

Inmate Signature: Averette Zavius

SCREENED BY: [signature] DATE: 8/20/01 TIME: 12:41

REVIEWED BY: _____ DATE: _____ TIME: _____

PHS
PRISON HEALTH SERVICES INCORPORATED

DEPARTMENT OF CORRECTIONS

NOTIFICATION OF NEXT OF KIN

In the event of a serious injury or illness, I request the following person be notified:

Vince Averette	Brother		
Name	**Relationship**		
5033 Galaxy Way (Apt 409)		(256) 837-5877	
Street Address		**Phone Number**	
Huntsville	Al.	35816	
City	**State**	**Zip Code**	
Dennis Averette	219905		8-2-04
Inmate Signature	**AIS#**	**SS#**	**Date**
Witness			**Date**

INMATE NAME (LAST, FIRST, MIDDLE)	AIS#	D.O.B.	RACE/SEX	FACILITY

PHYSICAL ASSESSMENT

KCI
Institution

INMATE NAME: Averette, Zavius

TYPE OF ASSESSMENT: INITIAL_____ OTHER_____

FAMILY HISTORY: (F/FATHER, M/MOTHER, B/BROTHER, S/SISTER)

TB____ HEPATITIS____ HIV+____ HYPERTENSION____
CANCER____ ASTHMA____ EPILEPSY____ ANEMIA____
KIDNEY DISEASE____ SICKLE CELL____ SEIZURES____
MENTAL ILLNESS____ DIABETES____ HEART DISEASE____
OTHER

VITAL SIGNS

HT____ WT_____ BP_____
PULSE_____ RESP_____ TEMP_____

VISION (SNELLEN CHART)

Rt: 20 with glasses_____

Lt: 20 with glasses_____

PHYSICAL ASSESSMENT

Normal/Not Present Please	✓	Abnormal/Comment
SKIN: Color, Condition, Turgor, Recent Injury, Tatoos, Scars	✓	
HEAD: Hair, Scalp (pediculi)	✓	
EARS: Appearance, Canals	✓	
MOUTH: Throat, Tongue, Tonsils	✓	
NOSE: Obstruction, Drainage	✓	
NECK: Veins, Mobility, Thyroid, Carotids, Lymph nodes	✓	
CHEST (BREASTS) Configuration, Auscultation, Respirations, Cough/Sputum	✓	
HEART: Auscultation, Radial pulse, Apical pulse, Rythm	✓	
ABDOMEN: Shape, Bowel Sounds, Palpation, Hernia	✓	post inguinal hernia repair
SPINE	✓	
NEUROLOGICAL: Reflexes	✓	
GENITAL/URINARY: Lesions, Discharge	✓	
RECTAL EXAM: (For 40 yrs. old and older) Hemorroids, Anal Warts, Stool for Occult Blood + -	✓	
EXTREMITIES: Pulses, Edema, Joints	✓	

FEMALES ONLY

PELVIC EXAM:
Pap Smear
Gonorrhea Culture
(Admission PE only) NA

IMMUNIZATION STATUS

Date last Tetanus: 1996

Other

TB SCREENING

Current PPD: 8/20/01
Date Given:_____
Results and Date: 8/22/01
PLEASE CIRCLE
Follow-up scheduled: Not Indicated / Yes

ORAL SCREENING

Pain/Discomfort:_____
Condition of teeth: poor fair good
Condition of gums: poor healthy
False teeth: partial plate upper lower
Oral Hygiene instructions given:_____

REMARKS

HIV Rapid RPR 8/20/01

REFERRAL

Assessed by: [signature]

Date: 8/20/01 Time: 14:18

Physician Review: [signature] MD

Date: 8/24/01 Time: 11am

Revised 04/28/97 (CMS)

MEDICAL HISTORY AND SCREENING

Institution

Inmate Name: Averette Zavius ID #: _____ Race: B D.O.B.: [redacted]

INMATE QUESTIONNAIRE

		(circle one)	
1.	Do you have a medical problem such as bleeding or injuries that requires immediate medical attention?	Yes	(No)
2.	Have you fainted or had a head injury in the past 6 months?	Yes	(No)
3.	Have you been seen by a doctor in the past 6 months?	(Yes)	No
4.	Do you wear glasses or contact lenses?	Yes	(No)
5.	Do you have prosthesis, splint, crutches, cast or brace that you will need while here?	Yes	(No)
6.	Do you drink: wine, beer or whiskey? How often Daily How much 24 pack Last time 5 months	(Yes)	No
7.	Have you had seizures or blackouts when you stop drinking?	Yes	(No)
8.	Do you use drugs? Type Marij. How often Daily Last time 5 months	(Yes)	No
9.	Have you had withdrawal problems when you stop taking drugs?	Yes	(No)
10.	Are you currently detoxing? If yes, from what substance? _____	Yes	(No)
11.	Do you have any medical problems we should know about?	Yes	(No)
12.	Have you been in this facility before?	Yes	(No)
13.	Are you covered by medical insurance or a benefits program?	Yes	(No)
MENTAL HEALTH			
14.	Have you ever been hospitalized or treated for psychiatric problem?	Yes	(No)
15.	Have you ever considered or attempted suicide?	(Yes)	No
16.	Are you feeling depressed or extremely sad?	Yes	(No)
17.	Do you want to hurt yourself or someone else?	Yes	(No)
18.	Are you hearing voices? If yes, what are they saying?	Yes	(No)
FEMALE INMATES ONLY			
19.	Are you pregnant? LMP_____	Yes	No
20.	~~Do you use birth control?~~ Type_____	Yes	No
21.	Have you recently had a baby, miscarriage or ~~abortion~~?	Yes	No

Comments: (Explain "Yes" Responses)
At says he thought about suicide over family problems

VITAL SIGNS

HT 5'9" WT 159 BP 110/80
Pulse 60 Resp 22 Temp _____

DISPOSITION

Referrals _____ None
_____ Emergency Room (Pre-booking injury)
_____ Emergency Room (Acute condition)
_____ Physician
_____ Sick Call

Placement
_____ Infirmary
_____ Detoxification Setting
_____ General Population
_____ Other

CURRENT MEDICAL CONDITIONS (√ terms that apply)

Unconscious		Skin Infection	
Disoriented		Restricted Mobility	
Intoxicated		Skin Rash	
Lesions		Jaundice	
Obvious Pain		Needle Marks	
Bruises		Swollen Glands	
Fever		Active Cough	
Nausea		Vaginal/Penile Discharge	
Uses Tobacco		Dental Problems	

MEDICAL HISTORY (√ terms that apply)

Arthritis		Frequent Diarrhea	
Diabetes		Genital Sores	
Seizure Disorder		V.D.	
Asthma		Hepatitis	
Special Diet		HIV+	
Heart Condition		Tuberculosis	
Hypertension		Persistent Sore Throat	
Stomach Ulcer		Dental Problems	
Cancer		Surgeries	√ Hernia
Sickle Cell Anemia		Chest Pain	
Emphysema		Jaundice	

TB HISTORY

Ever treated with TB drugs? Yes (No)
Previous PPD test? (Yes) No
Previous Positive Reaction? Yes (No)
If positive result:
When _____
Where _____

Chronic Cough/Blood		Fever	
Recent Weight Loss		Night Sweats	
Recent Appetite Loss		Fatigue	

MEDICATIONS

Current Medications:

0

ALLERGIES

Medication Allergies: Yes (No)
Type: _____
Other Allergies: Yes (No)
Type: _____

I acknowledge that I have answered all questions truthfully and have been told the way to obtain health services and consent to routine care provided by facility healthcare professionals. I understand that any medications not picked up within 30 days of release will be destroyed.

Inmate Signature: Averette Zavius

SCREENED BY: [signature] DATE: 8/20/06 TIME: 12:41

REVIEWED BY: _____ DATE: _____ TIME: _____

***** MMPI-2 ADULT INTERPRETIVE SYSTEM *****

developed by

Roger L. Greene, Ph.D.
Robert C. Brown, Jr., Ph.D.
and PAR Staff

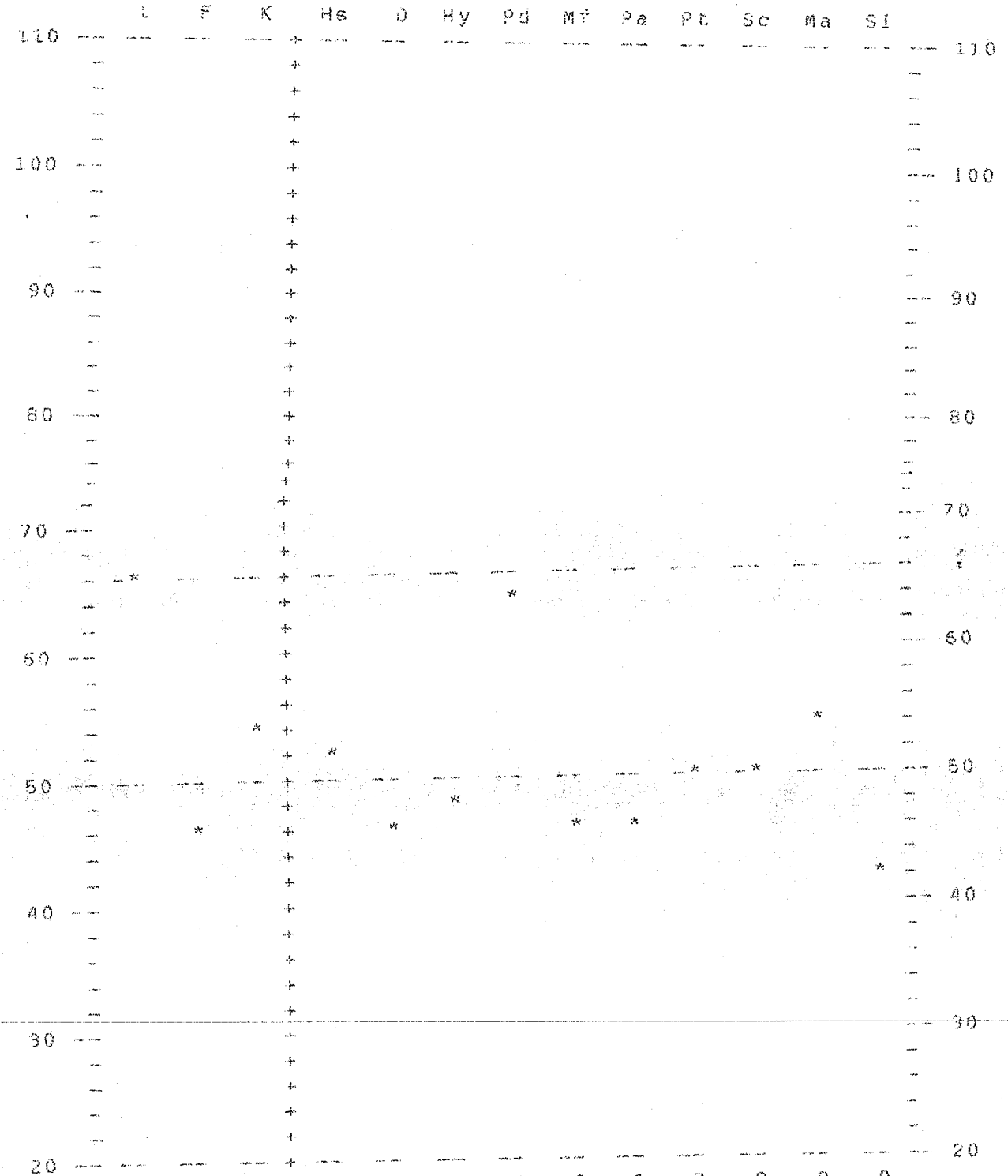
-- CLIENT INFORMATION --

Client : AVERETTE, ZARIUS
Age : 22
Sex : Male
Marital Status :
Education :
Date of Birth : [redacted]
File Name : 217905

Prepared for: Kilby Correctional Facility on 08/22/2001

The interpretive information contained in this report should be viewed as only one source of hypotheses about the individual being evaluated. No decisions should be based solely on the information contained in this report. This material should be integrated with all other sources of information in reaching professional decisions about this individual. This report is confidential and intended for use by qualified professionals only. It should not be released to the individual being evaluated.

-- MMPI-2 PROFILE FOR VALIDITY AND CLINICAL SCALES --



	L	F	K	Hs	D	Hy	Pd	Mf	Pa	Pt	Sc	Ma	Si
T-Score	65	45	54	51	45	47	64	46	46	49	49	53	42

Unanswered (?) Items = 19/

Welsh Code: 4-91/8736520: L-K/F:

-- PROFILE MATCHES AND SCORES --

Scale		Client Profile	Highest Scale Codetype	Best Fit Codetype
Codetype match:			WNL	None
Coefficient of Fit:			.47	
Scores:	? (raw)	197		
	L	65	55	
	F	45	51	
	K	54	46	
	Hs (1)	51	47	
	D (2)	45	52	
	Hy (3)	47	45	
	Pd (4)	64	52	
	Mf (5)	46	44	
	Pa (6)	46	47	
	Pt (7)	49	46	
	Sc (8)	49	45	
	Ma (9)	53	49	
	Si (0)	42	49	
Mean Clinical Elevation:		50	48	
Ave age-males:			38	
Ave age-females:			40	
% of male codetypes:			18.6%	
% of female codetypes:			11.5%	
% of males within codetype:			79.0%	
% of females within codetype:			21.0%	

Configural clinical scale interpretation is provided in the report for the following codetype(s):

WNL

-- CONFIGURAL CLINICAL SCALE INTERPRETATION --

WNL Codetype

Clinical Presentation:

This codetype is very common in both men and women. They describe themselves as being happy, healthy, and contented. They see their relationships as satisfying.

In normal settings, there are no other descriptors which apply.

The following descriptions and possible diagnoses should only be considered if the individual is being evaluated in a psychiatric setting with substantial reason to suspect the presence of psychological disorder.

In psychiatric settings, this codetype is found in patients with characterologic or psychotic disorders to which they have become adjusted. They tend to have little insight into their behavior and do not understand why others have concerns about them.

Treatment:

The prognosis is guarded for any type of intervention since the person is experiencing little distress and the symptoms are very characterologic.

Possible Diagnoses:

Axis I - Rule Out Adjustment Disorder
Rule Out Schizophrenia

Axis II - Rule Out Schizoid Personality Disorder

-- CLINICAL SCALES --

Hs (1) T = 51

Scores in this range are considered to be within normal limits.

-- CONFIGURAL VALIDITY SCALE INTERPRETATION --

There is no information available for this configuration of scores for scales L, F, and K. Interpretation for each of the individual validity scales is presented below.

-- VALIDITY SCALES --

? (raw) = 197

This profile is very likely invalid and probably should not be interpreted because the number of unanswered items is greater than 30.

L T = 65

L scores in this range are suggestive of individuals who may be defensive, lack insight, and be slightly more conforming and moralistic than usual. They may have a tendency to repress or deny problems and unfavorable traits.

F T = 45

F scores in this range usually indicate that the individual responded to the test items as do most individuals who are relatively free of stress.

K T = 54

Scores in this range are typically obtained by individuals who exhibit an appropriate balance between self-disclosure and self-protection. These individuals usually are psychologically well adjusted and capable of dealing with problems in their daily lives. Scores in this range are also indicative of good ego strength, sufficient personal resources to deal with problems, a positive self-image, adaptability, and a wide range of interests. Prognosis for psychological intervention is generally good.

D (2) T = 45

Scores in this range are considered to be within normal limits.

Hy (3) T = 47

Scores in this range are considered to be within normal limits.

Pd (4) T = 64

Scores in this range are often obtained by individuals who are sincerely concerned about social problems and issues or are responding to situational conflict or crisis. Scores in this range are common among adolescents and may be reflective of their striving for independence.

Mf (5) T = 46

Scores in this range are typical for males interested in traditional masculine interests and activities.

Pa (6) T = 46

Scores in this range are considered to be within normal limits.

Pt (7) T = 49

Scores in this range are considered to be within normal limits.

Sc (8) T = 49

Scores in this range are considered to be within normal limits.

Ma (9) T = 53

Scores in this range are considered to be within normal limits. Normal adolescents and college students tend to score in the upper end of this range (T-scores of 54-57). Persons older than 60 who score in the upper end of this range are likely to be overly energetic and active.

Si (0) T = 42

Scores in this range are usually obtained by individuals who are socially extroverted, outgoing, and gregarious. These individuals have a strong need to be around other people. Very low scores are suggestive of individuals who generally form superficial and insincere social relationships. They may be seen

by others as impulsive, immature, opportunistic, and manipulative. They may have difficulty forming meaningful, intimate relationships.

-- ADDITIONAL SCALES --

No additional scales were selected for interpretation by the user.

END OF REPORT
****

PROBLEM LIST

Name: Averette, Zairus

AIS Number: 217905

Date of Birth: [redacted]

Medication Allergies: _____

Mental Health Code: SMI HARM HIST (NONE) Date Code Assigned: 8/22/01

(Changes in Mental Health Code should be identified on the Problem List)

Date Identified	Chronic (Long-Term) Problems Roman Numerals for Medical/Surgical Capital Letters for Psychiatric/Behavioral	Date Resolved	Health Care Practitioner Initial
8/22/01	No MH problems noted		B

PSYCHOLOGICAL INTERVIEW / DATA ENTRY FORM

Name: [illegible] Zavier AIS #: 217955 R/S B/M

Date: 8/22/01 DOB: [redacted] AGE: 22

Beta II 84 WAIS ____/____/____ WRAT-RL 6.2 Last School Grade Completed 12

MMPI Welsh Code ____ Megargee Type ____

General Appearance

WNL

_____a. Neat and generally appropriate

_____b. Poorly groomed

_____c. Flat or avoiding interaction

_____d. Sad or worried

_____e. Other _____

I. Interpersonal Functioning

_____ a. Normal–good relationships likely

_____ b. Withdrawn / apparent loner

_____ c. Likely to ignore rights / needs

_____ d. Lacks skill or confidence

_____ e. Probably difficult to get along with

* Other (Specify) _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. (See Copy) _____

II. Personality

_____ a. Healthy

_____ b. Antisocial

_____ c. Paranoid

_____ d. Explosive

_____ e. Dependent

_____ f. Passive–Aggressive

Other (Specify): _____ 1. Schizoid _____ 2. Schizotypal _____ 3. Histrionic _____ 4. Narcissistic

_____ 5. Borderline _____ 6. Avoidant _____ 7. Compulsive _____ 8. Atypical/mixed

_____ 9. See Copy (Write in your wording) [illegible]

III. Substance Abuse

_____ a. Alcohol addiction / abuse history [illegible]

_____ b. Drug addiction / abuse history _____

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White to Central Records File
Yellow to Institutional File
Pink to Hospital Records

*See manual for selections and numbers for "other"

Psychological Interview / Data Entry Form
Page Two

_____ c. Current Use _____

_____ d. Current addiction _____

* Other _____ 1. _____ 2. _____ 3. ✓ 4. _____ 5. _____ 6. _____ 7. _____ 8.
_____ 9. (See Copy) _____

IV. Emotional Status

_____ a. No significant problems
_____ b. Depressed _____
_____ c. Anxious or stressful _____
_____ d. Angry or resentful _____
_____ e. Confusion or psychotic symptoms _____
_____ f. Mood disturbances _____
_____ g. Sexual maladjustment _____
_____ h. Paranoid ideation _____
_____ i. Sleep / appetite disorder _____

* Other _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8.
_____ 9. (See Copy) _____

V. Mental Deficiency

_____ a. Mild
_____ b. Moderate
_____ c. Severe
_____ d. Borderline
_____ e. Organic impairment suspected
_____ f. Memory deficit

Remarks: _____

*See manual for selections and numbers for "other"

Psychological Interview / Data Entry Form
Page Three

VI. Management Problems

_____ a. Suicide Potential — Ideation _____
Plans _____
History of attempts / gestures _____

_____ b. Serious mental history (specify) _____

_____ c. Impulsive / acting-out behaviors predicted _____

_____ d. Authority conflict _____

_____ e. Manipulative / untrustworthy _____

_____ f. Easily victimized _____

_____ g. Escape potential _____

_____ h. Assaultivenes _____

* Other _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. (See Copy)

VII. Educational Needs

_____ a. ABE _____ b. Special Education ___✓___ c. Trade School _____ d. Jr. College

VIII. Mental Health Needs — Date referred Month _____ Year _____

_____ A. Refer to psychiatric service
___✓___ B. Substance abuse counseling
_____ D. Stress management
_____ F. Reality therapy
_____ H. Values clarification
_____ C. Depression
___✓___ E. Sexual adjustment
_____ G. Anger induced acting out
_____ I. Self-concept enhancement
_____ J. Healthy use of leisure
_____ K. Personal Development

RECOMMENDATIONS / REMARKS: _____

Signature _____ Date _____

*See manual (pages 23-25) for selections for "other" Give number and wording of selection.

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
4/2/02	8:00	Inmate registered for the therapeutic communication session, his need was personal and directed to help self. Marvel Phillips,	
4/23/	8:00	Inmate was present at all sessions. He shared and participated with others in the group. He was able to role play and feel good about himself. Marvel Phillips Phd	

Patient';s Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Averette, Zavius	217905			

F-61

ALABAMA DEPARTMENT OF CORRECT.

INMATE ORIENTATION TO MENTAL HEALTH SERVICES

The Alabama Department of Corrections provides the following mental health services:

- Assessment and treatment of mental illness
- Referral to a psychiatrist, if necessary for medication
- On-going psychiatric treatment
- Group and individual counseling
- Assistance in dealing with stressful problems (adjustment to prisons, grief and loss, family problems)
- Crisis intervention
- Residential mental health treatment and hospitalization, if necessary

If you wish to speak with mental health staff about routine matters such as scheduling for group or individual counseling, send a Health Services Request form.

In emergency situations or if you have concerns that need to be addressed immediately, contact any correctional officer so that you may receive mental health assistance as soon as possible.

Your participation in mental health services is a voluntary except in emergency situations or when you have been provided due processes through administrative review.

If you believe the mental health services provided to you are inadequate, you may file an inmate grievance.

Information about the mental health services provided to you is confidential except in the situations when mental health staff believe that you may be:

- Suicidal
- Homicidal
- Presenting a clear danger of injury to self or others
- Presenting a reasonably clear risk of escape or creation of institutional disorder.
- Receiving Psychotropic medication
- Requiring movement to a special unit or cell for observation and treatment
- Requiring transfer to a psychiatric hospital outside of the prison
- Requiring a new program assignment for mental health reasons.

Mental health staff has a legal duty to report to appropriate authorities any unreported suspected abuse or neglect of a child.

Mental health and medical staff will have access to your mental health records when completing their duties. The following persons may have access to your mental health records on a need to know basis:

- Warden of the institution or designee
- Internal investigative staff and legal counsel working with the ADOC
- Departmental and accrediting audit staff
- Persons authorized by a court order or judgment

All other persons or agencies require an authorization for release of information signed by you before gaining access to your mental health records.

This information on this form has been explained to me and I have received a copy of this information for my future reference.

Zavius O Averette — 217905-5 — 8-17-01

Inmate signature — AIS # — Date signed

Averette, Zavius

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
8/21/07		22 y.o. B/M doing 25 yrs for Rape.	
		He struggled in middle school – took Ritalin	
		& saw a counselor for behavioral problems	
		He has no trust or affect clearly	
		took Benadryl in jail for sleep.	
		Has a Sub Abuse Hx.	
		A) c Sub Abuse	
		R/O ASPD	
		P) Hold Ambulat[illegible]	
		[illegible signature]	

Patient';s Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Averette, Zavius	217905	22	B/M	Kilby

F-61

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
REFERRAL TO MENTAL HEALTH

Inmate Name: Averette, Zavius AIS# 217905-S Date of Referral: 08-

REASON FOR REFERRAL:

☐ CRISIS INTERVENTION
- ☐ Family problem:
- ☐ Problems with other inmates:
- ☐ Recent stress:
- ☐ Other:

☐ EVALUATION OF MENTAL STATUS
- ☐ Suicidal
- ☐ Homicidal
- ☐ Mutilative
- ☐ Hostile, angry
- ☐ Other inappropriate behavior:
- ☐ Anxious
- ☐ Depressed
- ☐ Withdrawn
- ☐ Poor hygiene
- ☐ Physical complaints
- ☐ Sleep disturbance
- ☐ Hallucinations/delusions
- ☐ Suspicious

☐ EVALUATION OF NEED FOR PSYCHIATRIC EVALUATION

☑ HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO RECEPTION/TRANSFER

☐ OTHER:

COMMENTS:

Referred by: C. Anderson Phone Contact #: 215-6684

☐ Referral for psychiatrist (referral has been screened by mental health or medical staff)

MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

NO SMI H/ SUB ABUSE. - DRP/D

Follow-Up by:

Inmate Name: Averette, Zavius Date: 8/21/07

AIS # 217905-S

ALABAMA DEPARTMENT OF CORRECTIONS
MENTAL HEALTH SERVICES
RECEPTION MENTAL HEALTH SCREENING

Institution: Kilby Date/Time Inmate Received: _____

Date/Time of Screening: 8/12/01 Signature/Title of Screener: C. Anderson LPN

MENTAL HEALTH TREATMENT PRIOR TO ENTERING THE ADOC

- ☑ Yes ☐ No Psychotropic medication: Elavil
- ☐ Yes ☑ No Medication turned over to ADOC upon arrival?
- ☑ Yes ☐ No Mental health follow-up in last 90 days: _____
- ☐ Yes ☑ No Suicide/self-harm attempts in last 90 days: _____

MENTAL HEALTH HISTORY *Does inmate report a history of the following (if yes, provide details):*

- ☑ Yes ☐ No Outpatient treatment: Talledega Mental Health Services – 1994
- ☐ Yes ☑ No Inpatient treatment: _____
- ☑ Yes ☐ No Psychotropic medication: Ritalin - 10 y.o. (took for 2 years) 1992
- ☐ Yes ☑ No Suicidal attempts: _____
- ☑ Yes ☐ No Suicidal thoughts: last – 2000
- ☐ Yes ☑ No Head injury: _____
- ☐ Yes ☑ No Seizures: _____
- ☑ Yes ☐ No Violent behavior: rape ; female ; 15 y.o.
- ☑ Yes ☐ No Substance abuse: marijuana, alcohol
- ☐ Yes ☑ No Substance abuse treatment: _____
- ☑ Yes ☐ No Special education classes: _____

INMATE SELF-REPORT OF CURRENT STATUS

- ☑ Yes ☐ No First incarceration (reaction): I guess it's rough.
- ☑ Yes ☐ No Reports family support: parents
- ☐ Yes ☑ No Reports serious depression/remorse: _____
- ☐ Yes ☑ No Thinking about suicide: _____
- ☐ Yes ☑ No Has plan for suicide: _____
- ☐ Yes ☑ No Possible to implement plan: _____
- ☐ Yes ☑ No Reports hallucinations: _____

BEHAVIORAL OBSERVATIONS

☐ Poor eye contact ☐ Poor hygiene ☐ Unable to pay attention ☐ Unresponsive
☐ Disoriented ☐ Overly anxious ☐ Unable to follow directions ☐ Unable to read
☐ Crying ☐ Memory deficits ☐ Signs of self-mutilation ☐ Afraid
☐ Illogical speech content ☐ Appears to be hearing voices or seeing things ☐ Paranoid
☐ Hostile ☐ Other unusual behavior: _____

DISPOSITION/ PLACEMENT RECOMMENDATION (based on reception mental health screening)

☐ Routine housing and mental health follow-up
☐ Priority mental health follow-up but not emergency
☐ Current psychotropic meds verified/interim supply ordered
☐ Emergency mental health referral
☐ Safe cell placement recommended
☐ Parole violator interim assessment referral

Inmate Name	AIS #
Averette, Zavius	217905

PHS
PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 8/2/05

To:

From:

Inmate Name: Averette, Zarius **ID#:** 217905

The following action is recommended for medical reasons:

1. House in
2. Medical Isolation
3. Work restrictions
4. May have extra until
5. Other

Comments:
Bottom Bunk profile X 30 days
Start: 8/2/05 — Stop: 9/3/05

Date: 8/2/05 **MD Signature:** Dr Breitling/Jamilkesian **Time:** 12 noon

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 8/2/05

To: _____

From: Health Care Unit

Inmate Name: Averette, Zarius **ID#:** 217905

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other Bottom Bunk X 30 days

Comments: 8/2/05 – 9/2/05

Date: 8/2/05 **MD Signature:** _____ **Time:** _____

PHS
PRISON HEALTH SERVICES INCORPORATED

Informed Consent to Medical Services

Inmate's Name: Averette, Jarvis

Date of Birth: [redacted] Social Security No.: [redacted]

Date: 7/29/05 Time: 0815 A.M. P.M.

I hereby authorize Prison Health Service, Inc. and DR. M. BREITLING (Print Physician's Name), ~~his~~ her assistant(s) or designee(s) to treat me as is necessary in his judgement.

The procedure(s), O.SAG TETANUS TOXOID INTEG LOT# U135IAA EXP 5/24/06 (state in Layman's terms), necessary to treat my condition has been fully explained to me by Dr. BREITLING/L.GREEN, LPN and I understand the nature of, and risks associated with, this procedure(s). Briefly stated, they are: (Benefits) A tetanus toxin modified that its toxicity is greatly reduced but its capacity to promote active immunity has been retained (Risks) Tetanus is an acute infectious disease due to the toxins of tetanus bacillus. It causes a state of sustained contractions to body muscles. This disease is usually but not always, fatal, the patient expiring from asphyxia or exhaustion.

I am aware that the practice of the medical sciences is not exact and I acknowledge that no guarantees have been made to me as to the results of this procedure(s). Alternate treatment methods and their consequences as well as the risks of refusing the described treatment(s) (if applicable) have been fully explained to me.

X [signature] 217905.
(Signature of Inmate)

(Witness)

[signature]
(Signature & Title of Provider)

(Witness)

60104 (6/90)

Attachment C

DONALDSON CORRECTIONAL FACILITY
OREINTATION

All inmates have access to healthcare 24 hours a day 7 days a week. Access to Healthcare services shall be communicated both orally and in writing to all inmates.

1. The following are the pill-call and treatment times:

Pill-Call: 6:30 - 7:30 AM (Seg. Pill Call)
7:30 – 8:00 AM (East Pill Call)
8:15 – 9:00 AM (South Pill Call)
7:30 – 8:00 AM (West Pill Call)

2:00 - #:00 PM (Diabetic Pill Call) – Pop.)
3:00 - 3:45 PM (East Pill Call)
5:00 - 6:00 PM (South Pill Call)
5:00 - 5:30 PM (West Pill Call)
3:30 - 4:30 PM (Seg. Pill Call)

2:00 – 3:00 AM (Diabetic Pill Call)
12:00 – 1:00 AM (Seg. Pill Call)
3:00 – 4:00 AM (Population East Pill Call)
3:30 – 400 AM (Population South Pill Call)
3:00 – 3:30 AM (Population West Pill Call)

Treatments:
7:00 – 8:00 PM Population Pink-slip
11:30 PM – 1:30 AM Seg/ Pink -slip

All medications will be dispensed and all scheduled treatments will be done at the above times, with the exception of medical emergencies. Should a medical emergency arise, please advise a correctional Officer so prompt access to the Health Care Unit be provided. Inmates that are not in Mental health or Mental Health out patients may be allowed to keep some of there medications themselves, after signing an agreement and as long as they comply with the rules of the KOP program.

2. Procedure for Sick Call Screening:
Inmates must complete a Sick Call form and turn this form in to Medical Services for processing. The forms must be placed in the Sick Call Collection box located across from the treatment room door, turn in white & yellow copy of Sick Call Form. Sick Call screening will begin at approximately 3:30 AM

3. Chronic Care Clinics:
Any inmate who has a Chronic health problem such as but not limited to diabetes, high blood pressure, seizures, cardiac, etc., will be placed on the appropriate Chronic Care Clinic or Clinics. Should you refuse to be evaluated by the nursing staff and/or M.D. all non-maintenance medications will be discontinued.

4. Grievance Procedure:
All complaints against Health Care will try to be resolved first, face to face. If the concers cannot be resolved verbally, a written complaint may be filed. Should the concern still remain unresolved, a formal grievance may be filed. This will be answered within five (5) working days of receiving the grievance. Both the written complaint and formal grievance forms may be obtained through the H.S.A., Unit Secretary, Shift office, or Cell block cube. After completion of the forms, they are to be placed in the Sick Call box or hand mailed to the H.S.A.

Inmate Signature / AIS# — Date — Nurse — Date

HEALTH CARE UNIT
LENT INFORMATION SLIP

STATON
INSTITUTION

AVERETTE, ZAVIUS — 21790-S
NAME **NUMBER** **R/S**

Lay-in for 1 **days from** Wed 9/4 **to**
(date)

_____ **due to** _____
(date)

Instructions: Dental

Failure to follow the directions above may result in a disciplinary.

8/4/02 — _____
Date Issued **Signature**

F-53

PHS
PRISON HEALTH SERVICES INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: Averette, Javius

Date of Birth: [redacted] Social Security No.:

Date: 10-15-04 Time: A.M. P.M.

This is to certify that I, Javius Averette (Print Inmate's Name), currently in custody at the SCC (Print Facility's Name), am refusing to accept the following treatment/recommendations: (Specify in Detail)

No Show for Sick Call

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

X _____ (Signature of Inmate)**

_____ (Signature of Medical Person)

_____ (Witness)

_____ (Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

60115 (5/95)

PHS
PRISON HEALTH SERVICES INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: Arerette Barnes

Date of Birth: [redacted] Social Security No.:

Date: 10/7/04 Time: 6⁰⁰ A.M. P.M.

This is to certify that I, Arerette Barnes (Print Inmate's Name), currently in custody at the Starke (Print Facility's Name), am refusing to accept the following treatment/recommendations: Sick Call (Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

Arerette Barnes (Signature of Inmate)**

Hall-Smith LPN (Signature of Medical Person)

J. Zuf COI (Witness)

(Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

PHS
PRISON HEALTH SERVICES INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: Queretta Jarvis 217905

Date of Birth: _____ Social Security No.: _____

Date: 9/27/04 Time: 700 A.M. (P.M.)

This is to certify that I, Queretta Jarvis (Print Inmate's Name), currently in custody at the Staton (Print Facility's Name), am refusing to accept the following treatment/recommendations: _____ (Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

(Signature of Inmate)** A Hall-Smith LPN (Signature of Medical Person)

R. L. Weaver COT (Witness) _____ (Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

60115 (5/95)

PRISON HEALTH SERVICES INCORPORATED

SPECIAL NEEDS COMMUNICATION FORM

Date: 9/9/04

To: STATON

From: SHCU

Inmate Name: AVERETTE **ID#:** 217905

The following action is recommended for medical reasons:

1. House in _____
2. Medical Isolation _____
3. Work restrictions _____
4. May have extra _____ until _____
5. Other _____

Comments:

Come to HCU @ 7^00/AM 9/10/04

To See MD/PA/CRNP

Date: 9/9/04 **MD Signature:** _____ **Time:** 7^45/PM

60418

PHS
PRISON HEALTH SERVICES INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: Averette, Zavius

Date of Birth: _____ Social Security No.: _____

Date: 8/22/06 Time: 5p A.M. P.M.

This is to certify that I, Zavius Averette (Print Inmate's Name), currently in custody at the SCC (Print Facility's Name), am refusing to accept the following treatment/recommendations:

(Specify in Detail)

No show for sick call

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

(Signature of Inmate)** (Signature of Medical Person)

R. Owens (Witness) (Witness) COI

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

60115 (5/85)

PHS
PRISON HEALTH SERVICES INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: Averette James

Date of Birth: [redacted] Social Security No.:

Date: 9/3/04 Time: A.M. P.M.

This is to certify that I, Averette James (Print Inmate's Name), currently in custody at the SCC (Print Facility's Name), am refusing to accept the following ~~treatment/recommendations~~:

No Show for Sick Call (Specify in Detail)

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

(Signature of Inmate)** (Signature of Medical Person)

(Witness) LPN (Witness) Allen Salter CO I

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

60116 (5/85)

PHS
PRISON HEALTH SERVICES INCORPORATED

RELEASE OF RESPONSIBILITY

Inmate's Name: Averette, Lavius 217905

Date of Birth: [redacted] Social Security No.:

Date: 8/16/04 Time: 9:45 PM A.M. P.M.

This is to certify that I, LAVIUS AVERETTE (Print Inmate's Name), currently in custody at the STATON (Print Facility's Name), am refusing to accept the following treatment/recommendations: (Specify in Detail)

SICK CALL

I acknowledge that I have been fully informed of and understand the above treatment(s)/recommendation(s) and the risks involved in refusing them. I hereby release and agree to hold harmless the City/County/State, statutory authority, all correctional personnel, Prison Health Services, Inc. and all medical personnel from all responsibility and any ill effects which, may result from this action/refusal and I personally assume all responsibility for my welfare.

(Signature of Inmate)** (Signature of Medical Person)

R.L. Weaver COT (Witness) (Witness)

**A refusal by the inmate to sign requires the signature of at least one witness in addition to that of the medical staff member.

60116 (5/95)

EPARTMENT OF CORRECTIONS

EMERGENCY/ SICK (OTHER) TREATMENT RECORD

DATE 9/28/03 TIME 2000 AM PM | FACILITY Staton | ☐ EMERGENCY ☒ OTHER

☐ SIR ☐ PDL ☐ ESCAPEE ☐

ALLERGIES NKA

CONDITION ON ADMISSION ☒ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

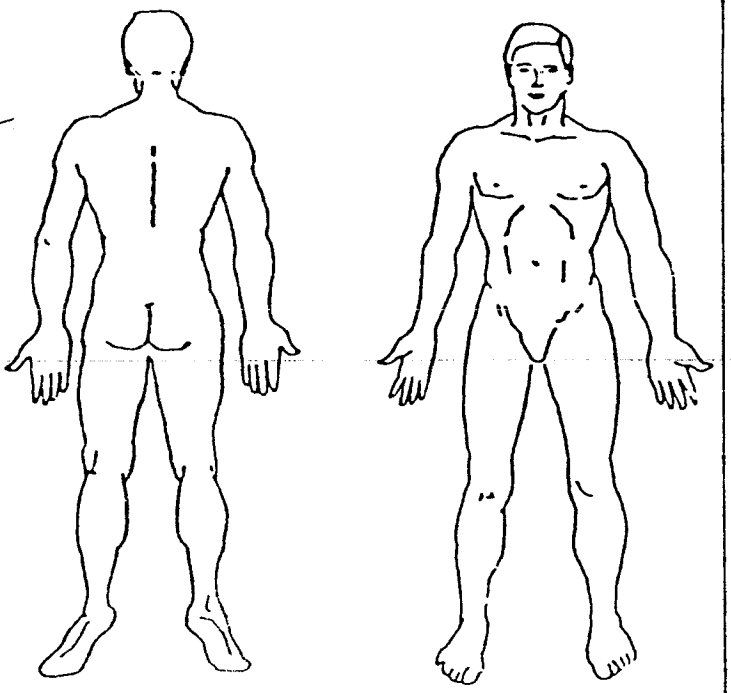
VITAL SIGNS: TEMP 99.1 ORAL RECTAL RESP 20 PULSE 80 B/P 110/80 RECHECK IF SYSTOLIC <100> 50

WT 173

NATURE OF INJURY OR ILLNESS

S) Body Chart for DOC
No injuries Noted
No injuries noted
Body Chart for DOC
requirement

ABRASION///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION/ SUTURES



PHYSICAL EXAMINATION

A Body Chart

ORDERS, MEDICATION, etc.

P Body chart for DOC

DIAGNOSIS

INSTRUCTIONS TO PATIENT

RELEASE/TRANSFER DATE	TIME	RELEASE/TRANSFERRED TO	CONDITION ON DISCHARGE
9/28/03	AM PM	☒ DOC ☐ AMBULANCE ☐	☒ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE	DATE	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION
	9/28/03	B Hetrick CNP	9/29/03	

PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE	DATE OF BIRTH	R/S	AIS #
[redacted]	24	[redacted]	BM	21790

NC 041 ORIGINAL - MEDICAL RECORD, YELLOW - TRANSFER AGENT

DEPARTMENT OF CORRECTIONS

EMERGENCY/ Staton (OTHER) TREATMENT RECORD

DATE 8-1-03 TIME 920 AM PM | FACILITY Staton ☐ SIR ☐ PDL ☐ ESCAPEE ☐ _____ | ☐ EMERGENCY ☑ OTHER

ALLERGIES NKA | CONDITION ON ADMISSION ☑ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 97.8 ORAL RECTAL | RESP 20 | PULSE 80 | B/P 120/80 | RECHECK IF SYSTOLIC <100 > 50 _____

NATURE OF INJURY OR ILLNESS

S-Body Chart

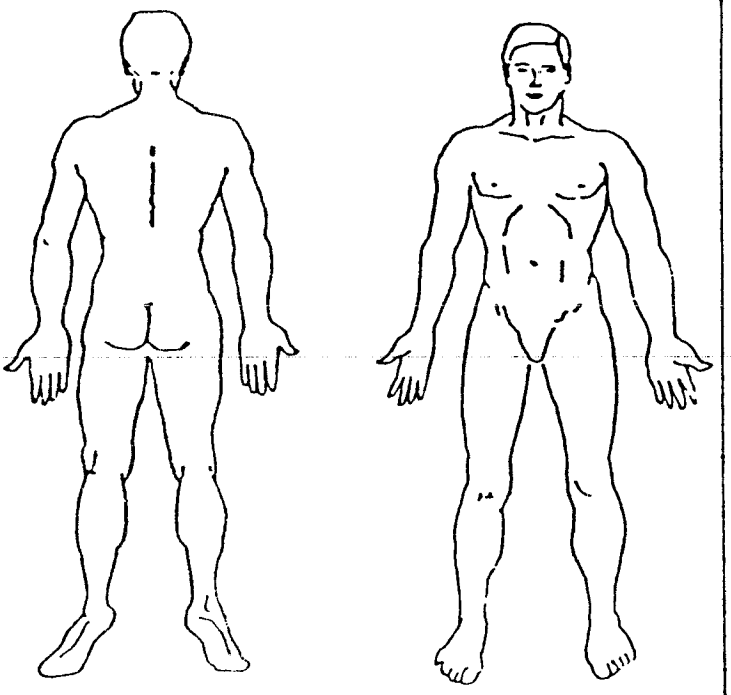
O-Alert skin warm et dry to touch resp e lose w/s/ wnl & abrasions, or lacerations noted

A-Alteration in comfort

PHYSICAL EXAMINATION

P-DOC

ABRASION///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION/ SUTURES



ORDERS, MEDICATION, etc.

DIAGNOSIS

INSTRUCTIONS TO PATIENT

RELEASE/TRANSFER DATE	TIME AM PM	RELEASE/TRANSFERRED TO	CONDITION ON DISCHARGE
8 1 03		☑ DOC ☐ AMBULANCE ☐	☑ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE	DATE	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION
Patt-Smith LPN	8/1/03	B Helms RNP	8-4-03	

PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE	DATE OF BIRTH	R/S	AIS #
Lorette Jones	24	[redacted]	B/M	217905

NC-041 ORIGINAL - MEDICAL RECORD YELLOW - TRANSFER AGENT

DEPARTMENT OF CORRECTIONS

EMERGENCY/ SHCU (OTHER) TREATMENT RECORD

DATE 7/17/03 TIME 10:05 AM/PM

FACILITY STATION ☐ SIR ☐ PDL ☐ ESCAPEE ☐

☐ EMERGENCY ☑ OTHER

ALLERGIES NKA

CONDITION ON ADMISSION ☐ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 97.7 ORAL / RECTAL RESP 20 PULSE 74 B/P 124/80 RECHECK IF SYSTOLIC <100> 50

NATURE OF INJURY OR ILLNESS

(S) Body chart per DOC

Escorted by officer Smith

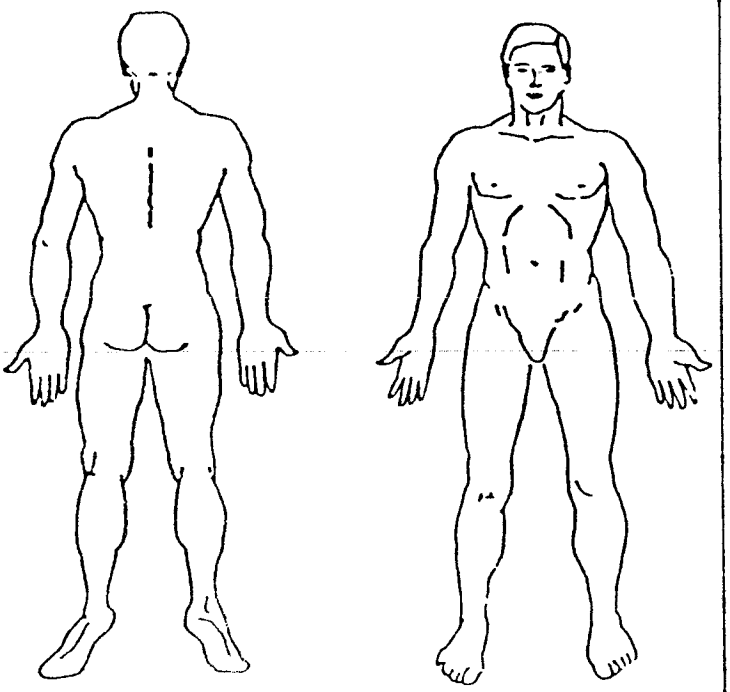
PHYSICAL EXAMINATION

(O) denies any injuries

No injuries observed

(A) Body Chart

ABRASION///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION/ SUTURES



ORDERS, MEDICATION, etc.

(P) Released to DOC

DIAGNOSIS

INSTRUCTIONS TO PATIENT

RELEASE/TRANSFER DATE	TIME	RELEASE/TRANSFERRED TO	CONDITION ON DISCHARGE
7/17/03	10:10 AM/PM	☑ DOC ☐ AMBULANCE ☐	☑ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE	DATE	PHYSICIAN'S SIGNATURE	DATE	CONSULTATION
B Buckhalter	7/17/03	B Williams	7-18-03	

PATIENT'S NAME (LAST, FIRST, MIDDLE)	AGE	DATE OF BIRTH	R/S	AIS #
Averette, Jarvis	24	[redacted]	B/M	217905

Nurse's Notes

Date and Time		Nurse's Name
3-2-03	(S) No complaints voiced @ this time	
11³⁰pm	(O) Lay in bed c̄ eyes closed. INT to (L) hand.	
	No swelling noted. flushes well. INT intacted.	
	Skin W/D. Resp regular ease. B/P 120/80 P72 R18	
	T97.6. Ancef 1gm IVBB hung at infusing	
	s̄ any difficulty. No distress noted.	MBarnett
	(A) Alteration in comfort	MBarnett
	(P) Plan of care continued	MBarnett
	(E) Notify staff of any problems	MBarnett
5³⁰am	Aroused easily, meds given, Ancef IV running. No	
	Infiltration noted.	MBarnett
3-3-03 8AM	O' Sitting up on side of bed A&O x3	
	Skin W/D V/S 98°, 120/70, 72, 20.	
	Int (L) hand s̄ s/s of infiltration	
	Ø voiced c/o Ø acute distress noted.	
	A' Health maintenance	
	P' Continue Care Plan	LMcGee
12N	O - Sitting on side of bed. Medication given as	
	ordered. INT removed. c/o no Bm, advised sick call	DAustin LPN

Last	First	Middle	Inmate No.
Averette	Zavius		217905

NAPHCARE
NURSE'S NOTES

DATE	TIME	
3/1/03	11^45 PM	Continued - of infection/infiltration to Site - NADN - B Beck LPN
97.4		(A) Alteration in Health Maintenance/Comfort
70-20 120/74		(P) Continue Plan of Care
		(E) Notify Staff of any problems - B Beck LPN
3/2/03	5^30 AM	(O) Aroused easily for Meds/Ancef AB IV - Voiced ø Complaints - IV Site remains patent s̄ s/s of infection/infiltration - B Beck LPN
3/2/03	8A	S: None
		O: A+Ox3 resp c̄ ease skin w/D to touch ø c/o voiced INT intact and patent ø s/s of infilitration noted NADN
		A alteration in comfort
		P Cont. POC - [illegible] LPN
3/2/03	12N	O In room A+Ox3 ø c/o voiced resp c̄ ease meds given as ordered (ø) s/s of infiltration noted to INT NADN - [illegible] LPN
	6P	S - No complaints
		O - Sitting up in chair watching T.V. Resp at ease. Skin W/D to touch. Temp 98 [illegible] 80, R20 and B/P 120/82. INT intact and flush s̄ difficulty. No S/S of infiltration noted. Ancef 1 gm IVPB hung and infusing s̄ difficulty. Meds given as ordered. No distress noted
		(A) Alteration in health Maintenance
		(P) Continue the plan care - [illegible] LPN

NAME - LAST: Arnett FIRST: Travis MIDDLE: AIS: 117905

NAPHCARE
NURSE'S NOTES

DATE	TIME	
2/28/03	11:30/A	2. None
		6. Admitted to MOU per Dr Sonnier
		IV. c 20 gauge started to (L) arm. c
		D5½ NS @ 150cc hr on 1st attempt
		∅ S/s of infiltration noted tolerated
		well [illegible] — [signature]
2/28/03	4 PM	S- ∅ voiced
		O- sitting on side of bed, A+Ox3, skin
		W/D to touch, ∅ distress noted,
P 76, 18		
110/70, 98.2 (o)		IV site ✓ - ∅ redness or edema @
		site. IVF's infusing s diff.
		A- Alt in comfort.
		P- Continue plan as ordered.
		E- Notify nurse if problems develop.
		[signature]
	8:30 PM	O - IVF's completed (1L) infused today.
		∅ redness or edema @ IV site, site
		changed to INT c cap & flushed c 3cc NS-
	9PM	S- "I got dizzy when I stood up."
		O- Inmate sitting on side of bed, denies
		pain, diaphoretic. Temp 97.0 (oral) Denies
		other s/s. ∅ resp distress.
		A- Alt in comfort.
		P- Continue Care Plan.
		E- Δ positions slowly to prevent fall.
		[signature]

NAME- LAST FIRST MIDDLE AIS
Averette, Zavrus 217905

DEPARTMENT OF CORRECTIONS

EMERGENCY/_____ TREATMENT RECORD
(OTHER)

DATE | TIME: 1155 (AM / PM) | FACILITY: Staton | ☐ SIR ☐ PDL ☐ ESCAPEE ☐ _____ | ☐ EMERGENCY ☒ OTHER

ALLERGIES: NKA

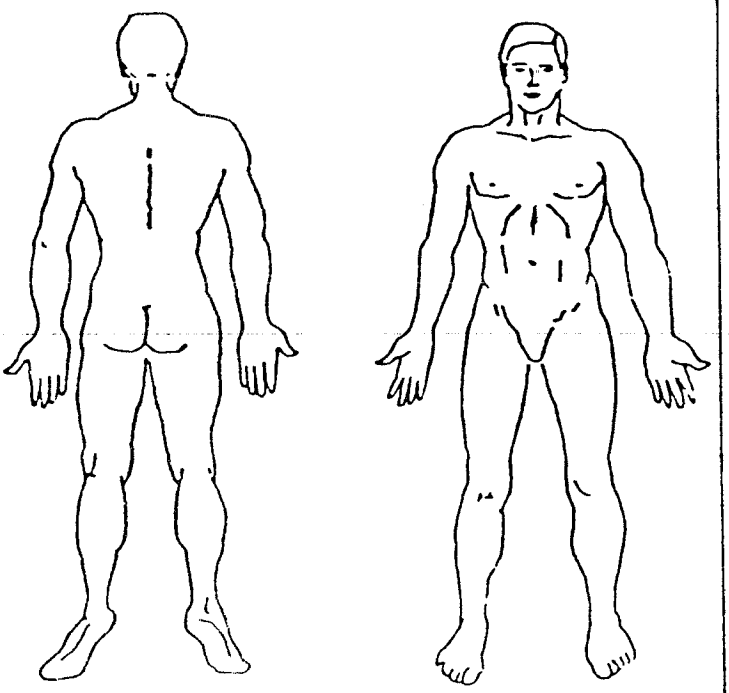
CONDITION ON ADMISSION: ☐ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 97.7 ORAL / RECTAL | RESP 20 | PULSE 80 | B/P 120/78 | RECHECK IF SYSTOLIC <100> 50

NATURE OF INJURY OR ILLNESS

When I breathe out it hurt.
Why do I break out in Cold Sweats & Night While in bed? - Hurts in Sides moving About in bed - Stomach Cramps Mored Bowels Few small hard Lumps.

ABRASION/// | CONTUSION # | BURN xx xx | FRACTURE Z Z | LACERATION/ SUTURES



PHYSICAL EXAMINATION

Lungs Clear.
Pointed to Sternum Area and both sides when C/O Pain & Cramps. - Stool dry @ This time.
No Bowel Sounds detected

ORDERS, MEDICATION, etc.

Refer to MD.

DIAGNOSIS

INSTRUCTIONS TO PATIENT: Drink Fluids.

RELEASE/TRANSFER DATE: 01/29/12 | TIME (AM / PM) | RELEASE/TRANSFERRED TO: ☒ DOC ☐ AMBULANCE ☐ | CONDITION ON DISCHARGE: ☐ SATISFACTORY ☐ POOR ☒ FAIR ☐ CRITICAL

NURSE'S SIGNATURE | DATE: 1-28-12 | PHYSICIAN'S SIGNATURE: B Holloway Jr MD | DATE: 1-29-12 | CONSULTATION

PATIENT'S NAME (LAST, FIRST, MIDDLE): Avonette Davis | AGE: 23 | DATE OF BIRTH: [redacted] | R/S: B/M | AIS #: 217905

Health Education
Food Service Worker Guidelines

Caps

1. Put cap on before washing hands.
2. Be sure to include all hair, especially bangs on the front of the head.
3. Do not touch hair or cap when handling food.

Handwashing

1. Turn warm water on.
2. Wet hands.
3. Lather hands with soap. Scrub at least 30 seconds.
4. Rinse off bar of soap. Replace in soap dish.
5. Rinse hands.
6. Dry hands with paper towels.
7. Turn faucet off with paper towels.

Sickness

Tell kitchen officer if you feel ill, or if you have diarrhea or a rash.

I have received education on hand washing and personal hygiene, and I understand the need both, especially when handling food on kitchen detail.

James A Arnette
Inmate's Signature

8/29/01
Date

M Shepard LPN
Nurse's Signature

8/29/01
Date

INMATE'S NAME: Zavius Auerette AIS# 217905 DATE: 27 August 2001

Time: 9:05 A.M. DOB: 29 June 2001 OFFICER: Mark S. Young COI

needs Correction

Booking Officer's Visual Opinion

	YES	NO
Is the inmate conscious?	✓	
Does the inmate have any obvious pain or bleeding/other symptoms suggesting the need for emergency services?		✓
Are there any visible signs of trauma or illness requiring immediate emergency treatment or doctor's care?		✓
Any obvious fever, swollen lymph nodes, jaundice, or other evidence of infectious which might spread through the institution?		✓
Is the skin in poor condition or show signs of vermin or rashes?		✓
Does the inmate appear to be under the influence of alcohol or drugs?		✓
Are there any visible signs of alcohol or drug withdrawals? (extreme perspiration, shakes, nausea, pinpoint pupils, etc.)		✓
Is the inmate making any verbal threats to staff or other inmates?		✓
Is the inmate carrying any medication or report that he is on any Medication which must be continuously administered or available?		✓
Does the inmate have any obvious physical handicaps?		✓
Are you presently taking medication for diabetes, heart disease, seizure, arthritis, asthma, ulcers, high blood pressure or psychiatric disorder?		✓
Do you want to talk to a mental health counselor?		✓
1. Did inmate respond?	✓	
Do you have epilepsy?		✓
Do you have any medical problems we should know about?		✓

FOR THE OFFICER: (circle action)

The inmate was: A: (Released for normal processing. B: Referred to appropriate health care unit.

C: Immediately sent to health care unit

Zavius a Auerette 217905 Mark S. Young COI

Inmate's Signature

RECEIVING SCREENING FORM

INMATE'S NAME: Averette, Zavius DATE: 8/17/06 TIME: _____

DOB: [redacted] OFFICER: R. Moody INSTITUTION: KILBY

RECEIVING OFFICER'S VISUAL OPINION

	YES	NO
Is the inmate conscious?	✓	
Does the inmate have any obvious pain or bleeding or other symptoms suggesting the need for doctor's care?		✓
Are there any visible signs of trauma or illness requiring immediate emergency or doctor's care?		✓
Any obvious fever, jaundice, or other evidence of infection which might spread through the institution?		✓
Is the skin in poor condition or show signs of vermin or rashes?		✓
Does the inmate appear to be under the influence of alcohol, or drugs?		✓
Are there any signs of alcohol or drug withdrawal? (Extreme perspiration, shakes, nausea, pinpoint pupils, etc.)		✓
Is the inmate making any verbal threats to staff or other inmates?		✓
Is the inmate carrying any medication or report that he is on any medication which must be continuously administered or available?		✓
Does the inmate have any obvious physical handicaps?		✓

FOR THE OFFICER

Was the new inmate oriented on sick/dental call procedures? ✓

This inmate was

_____ a. Released for normal processing

_____ b. Referred to health care unit

_____ c. Immediately sent to the health care unit.

R. Moody

Officer's Signature

This form will be completed at receiving and will be filed in the inmate's medical jacket to comply with NCCH Standards.

NAPHCARE

WHAT YOU NEED TO KNOW ABOUT TETANUS

Tetanus, sometimes called lockjaw, is a very serious disease that can occur after a cut or wound lets the germ into the body. Tetanus makes a person unable to open his or her mouth or swallow, and causes serious muscle spasms. People with tetanus usually have to stay in the hospital for a long time. In the United States, tetanus kills 3 out of every 10 people who get the disease. Since 1975, only 50 to 90 cases of tetanus have been reported each year.

Tetanus vaccines cause few problems. They may cause mild fever or soreness, swelling, and redness where the shot was given. These problems usually last for 1 to 2 days.

There is a rare chance that other serious problems or even death could occur after getting Tetanus. Such problems could happen after taking any medicine or after receiving any vaccine.

I have read the above information regarding Tetanus injections and understand about possible side effects.

D Travis A Arcadia
Inmate Signature/AIS#

8/20/01
Date

Witness

Manufacturer

Lot #

Administered By

DEPARTMENT OF CORRECTIONS

PATIENT CONSENT TO TREATMENT FORM

Zarius, Averette	22	8/20/01 : 12:44
Name of Patient	Age	Admission date/time

Name and Address of Spouse or Parent

1. I hereby authorize the Department of Corrections, its contracted employees, agents, physicians, dentists, psychiatrists and/or such assistants as may be selected by him/her to treat the condition(s) which appear indicated by the diagnostic studies already performed.

2. Should surgical or diagnostic procedure(s) become necessary, I will be informed of them with regard to alteration modes of treatment, the risks involved, and the nature of the procedure(s) to be done.

3. This in no way constitutes a warranty or guarantee that my present condition will be cured; the Department of Correction, its contracted staff and employees, will provide with the best possible care available, but no assurance of cure is to be assumed.

4. I sign this willingly and voluntarily in full understanding of the above, and in so doing I release the Department of Correction, its directors and officers, its contracted staff employees, agents, and physicians from any and all liability which may arise from this action, whether or not foreseen at present.

Witness	Patient Signature
Witness	8/20/01
	Date

NaphCare

Inmate Food Service Worker Clearance

Medical Record Review:

○ Yes-	⊘ No	Past history of hepatitis
⊘ Yes	○ No	TB test current
⊘ Yes	○ No	TB test negative

If history of positive TB test, verified completed treatment: _____
Date

Physical Assessment

○ Yes	⊘ No	Open sores or rashes on hands, arms, face and neck
○ Yes	⊘ No	Has diarrhea
○ Yes	⊘ No	Has a cough
⊘ Yes	○ No	Lungs clear to auscultation
○ Yes	⊘ No	Signs and symptoms of other contagious diseases

Specify: _____

This inmate's Medical Record has been reviewed and he/she has been examined.

He/she ⊘ **IS** ○ **IS NOT** medically cleared for duty as a food service worker.

Thomas Kyzar CRT
Signature

8/25/05
Date

Name:	ID # / DOB:	Location:
Averette, Jay 145	2179	Staton

NAPHCARE
NURSE'S NOTES

DATE	TIME	
2/28/03	11 45/PM	(S) Ø Complaints
		(O) In bed eyes closed, resp ī ease - NDN
		(A) Alteration in Comfort
		(P) Continue observation — B. [illegible]
3/1/03	3 15/Am	(O) Aroused easily for Breakfast - sitting on side of bed eating breakfast - voiced Ø Complaints - NADN - B. [illegible]
		(E) Notify Staff of Any problems — B. [illegible]
3/1/03	900/A	S None
	T 97.8	O. In bed resp ī ease Skin w/d to touch
	P 82	Ø c/o voiced I.V intact and patent
	130/72	Ø s/s of infiltration noted tolerated well NADN
		A alteration in comfort
		P Cont. POC — [illegible]
3/1/03	12N	O. A+OX3 meds given as ordered tolerated well Ø s/s of infiltration noted. Ø c/o voiced NADN — [illegible]
3/1/03	6p	O. A+OX3 resp ī ease skin w/d to touch Ø c/o voiced meds given as ordered tolerated well Ø s/s of infiltration noted T 98.0 NADN — [illegible]
3/1/03	11 45/PM	(S) Ø c/o
		(O) Sitting in chair watching TV - NDN - Ancef 1gm/100mL NS started @ this time per orders - infused over 30 min to INT in (L) ↓ fore arm - site ī s/s — CONT

NAME- LAST FIRST MIDDLE AIS#

PHS
Prison Health Services, Inc.

INFIRMARY ADMISSION ASSESSMENT

Name: Averette, Zarlus | D.[redacted] | Patient Number: 217905

Temp: _____ ☐ Oral ☐ Rectal ☐ Ax | Resp: _____ | Weight

BP: _____ ☐ Rt ☐ Lt

Genitourinary:

__ No Significant Findings
__ Frequency
__ Burning
__ Hematuria
__ Incontinence

__ Suprapubic Catheter

__ Foley Catheter
_____ Size

__ Last time Catheter Changed _____

__ Urine Color _____

__ Peritoneal Dialysis

__ Other _____

Gastrointestinal:

__ No Significant Findings
__ Distended Abd
__ Tender Abd/Rebound
__ Vomiting
__ Nausea
__ Diarrhea __ x/day
__ Constipation
__ Incontinence
__ Ostomy
__ Other:

_____

_____

Bowel Sounds

_____

_____

_____

Last BM: _____

Cardiovascular:

__ No Significant Findings
__ Irregular HR
__ Murmur
__ Bradycardia
__ Tachycardia
__ Pacemaker
__ Chest Pain
__ Homan's +
__ AV Shunt
__ Pedal Pulses
_____ R _____ L
__ Edema: _____
___ 1+ ___ 2+
___ 3+ ___ 4+

__ Other

_____

_____

_____

Pulmonary:

__ No Significant Findings
__ SOB
__ Cough
__ Productive
Color _____
__ Non-Productive
__ Trach Size ___

__ Oxygen

__ Pursed Lip Breathing

Other: _____

_____

_____

_____

Breath Sounds:

_____

_____

_____

Neuromuscular:

__ No Significant Findings
__ PERRLA
__ Tremors
__ Numbness
__ Paralysis
__ Paresis: _____

_____

__ Weakness
__ Grips Unequal
__ Impaired Balance
Other: _____

_____

_____

Speech:
__ No Problems
__ Dysphasia
___ Hard
___ Slurred

Hearing:
__ No Problems
__ Hearing Aide
__ Hard of Hearing

Skin:
__ No Significant finding
__ Warm
__ Dry
__ Clammy
__ Diaphoretic
__ Ecchymosis
__ Rash
__ Pale
__ Poor Tugor
__ Other
__ Wound - Explain

Diet:

__ NPO

Appetite:
__ Good __ Fair
__ Poor

Feeding Tube:
Type _____ Rate
Continuous Feeding
__ Bolus
__ Flush with Water

Psych/Social
__ No Significant Problem
__ Forgetful
__ Anxious
__ Disoriented
__ Depressed
__ Confused
__ Agitated
__ Other

Pain Assessment

0 1 2 3 4 5 6 7 8 9 10
No Pain Severe Pain

__ Shooting
__ Aching
__ Burning
__ Stabbing
__ Spasms
__ Constant Pain
__ Intermittent

PRISON HEALTH SERVICES INCORPORATED

Vital Signs Flow Sheet

Patient Name: Averett, Zavius

Date of Birth: [redacted]

TEMPERATURE	Date	7/29	7/30		7/31		8/1		8/1		8/1		8/2											
	Time		0200	1800	0200	1800	0200	0800		1600		0300												
	104																							
	102		98				99		98		98		98											
	100			98.4										98.8	98									
	98	98																						
	96																							
BLOOD PRESSURE	260																							
	240																							
	220																							
	200																							
	180																							
	160																							
	140		157/97	137/92	146/98		120/80		158/86		121/84		131/78	159/50										
	120	129/70																						
	100																							
	80																							
	60																							
	40																							
	20																							
PULSE	160																							
	140																							
	120	74	66	79	74	60	76	72	67		68													
	100																							
	80																							
	60																							
	40																							
RESPIRATIONS	40																							
	20	18	18	18	18	18	18	16	20		18													
	10																							

PHS-MD-70063

PRISON HEALTH SERVICES INCORPORATED

DAILY PATIENT ASSESSMENT SHEET

Everette, Zavius

Date 8/2/05

	11-7	7-3	3-11
Time	0200		
Assessed by (initials):	CJ		
RESPIRATORY			
Quality			
Normal	✓		
Shallow			
Deep			
Labored			
Rate - WNL	✓		
Slow			
Rapid			
Sounds - Clear	✓		
Abnormal			
Cough - Productive			
Non-Productive			
Humidified O2 Therapy			
L/Minute			
Incentive Spirometer			
Suctioning-Oral/NI/Trach			
ABDOMEN			
Abdomen soft & nondistended	✓		
Abnormal			
Bowel sounds - Active	✓		
Abnormal			
Pain-Tenderness			
PULSE/RATE			
Regular	✓		
Irregular			
Strong	✓		
Weak			
Apical			
Radial	✓		
REFERRALS			
Patient Teaching	✓		
	✓		
	✓		
	✓		

	11-7	7-3	3-11
Time	0200		
Assessed by (initials):	CJ		
TUBES AND DRAINAGE			
	✓		
	✓		
	✓		
	✓		
	✓		
	✓		
	✓		
Wound healing S inflammation			
WOUNDS/ULCERS/DRESSINGS			
Dressing Dry & Intact	✓		
Dressing Changed			
Size			
Type			
Location			
Lacerations	✓		
(1) arm	✓		
Chemical Burn (2) side	✓		
TREATMENTS			
	✓		
	✓		
	✓		
	✓		
	✓		
	✓		
I.V. THERAPY			
Bottle #/Rate	✓		
	✓		
	✓		
	✓		
	✓		
	✓		
	✓		
	✓		
Site and Rate checked every two hours			

NURSE'S SIGNATURE:	RN 11-7	LPN 11-7 CJ	11-7
	7-3	7-3	7-3
	3-11	3-11	3-11

PRISON HEALTH SERVICES INCORPORATED

DAILY PATIENT ASSESSMENT SHEET

Averette, Travis

Date 8/1/05

	11-7	7-3	3-11
Time	0700	0800	1600
Assessed by (initials):	BR	TL	JL

RESPIRATORY

	11-7	7-3	3-11
Quality			
Normal	✓	✓	✓
Shallow			
Deep			
Labored			
Rate - WNL	✓	✓	✓
Slow			
Rapid			
Sounds - Clear	✓	✓	✓
Abnormal			
Cough - Productive			
Non-Productive			
Humidified O2 Therapy			
L/Minute			
Incentive Spirometer			
Suctioning-Oral/NI/Trach			

ABDOMEN

	11-7	7-3	3-11
Abdomen soft & nondistended	✓	✓	✓
Abnormal			
Bowel sounds - Active	✓	✓	✓
Abnormal			
Pain-Tenderness			

PULSE/RATE

	11-7	7-3	3-11
Regular	✓	✓	✓
Irregular			
Strong	✓	✓	
Weak			
Apical			
Radial	✓	✓	

REFERRALS

	11-7	7-3	3-11
Patient Teaching	✓	✓	

	11-7	7-3	3-11
Time	0700	0800	1600
Assessed by (initials):	BR	TL	JL

TUBES AND DRAINAGE

	11-7	7-3	3-11
Wound healing S inflammation	✓	✓	✓

WOUNDS/ULCERS/DRESSINGS

	11-7	7-3	3-11
Dressing Dry & Intact	✓	✓	✓
Dressing Changed			
Size			
Type			
Location			
Sacrum	—	✓	
Back	—	✓	
Side	✓	✓	

TREATMENTS

	11-7	7-3	3-11
	✓	✓	

I.V. THERAPY

	11-7	7-3	3-11
Bottle #/Rate	✓	✓	
Site and Rate checked every two hours	✓	✓	

NURSE'S SIGNATURE:			
RN	11-7	LPN 11-7	11-7
	7-3	7-3	7-3
	3-11	3-11	3-11

PRISON HEALTH SERVICES INCORPORATED

DAILY PATIENT ASSESSMENT SHEET

Quarette, Tarlus

Date 7/31/05

	11-7	7-3	3-11
Time	0200		1800
Assessed by (initials):	BR		JH

RESPIRATORY

	11-7	7-3	3-11
Quality			
Normal	/		✓
Shallow			
Deep			
Labored			
Rate - WNL	/		✓
Slow			
Rapid			
Sounds - Clear	/		✓
Abnormal			
Cough - Productive			
Non-Productive			
Humidified O2 Therapy			
L/Minute			
Incentive Spirometer			
Suctioning-Oral/NI/Trach			

ABDOMEN

	11-7	7-3	3-11
Abdomen soft & nondistended	/		✓
Abnormal			
Bowel sounds - Active	/		✓
Abnormal			
Pain-Tenderness			

PULSE/RATE

	11-7	7-3	3-11
Regular	/		✓
Irregular			
Strong	/		✓
Weak			
Apical	/		
Radial			✓

REFERRALS

	11-7	7-3	3-11
Patient Teaching	/		/

TUBES AND DRAINAGE

	11-7	7-3	3-11
			/
Wound healing S inflammation			

WOUNDS/ULCERS/DRESSINGS

	11-7	7-3	3-11
Dressing Dry & Intact			
Dressing Changed			
Size			
Type			
Location			
L Hand			
L Arm			

TREATMENTS

	11-7	7-3	3-11
	/		/

I.V. THERAPY

	11-7	7-3	3-11
Bottle #/Rate	/		/
Site and Rate checked every two hours			

NURSE'S SIGNATURE:			
RN 11-7		LPN 11-7	11-7
7-3		7-3	7-3
3-11		3-11	3-11

PRISON HEALTH SERVICES INCORPORATED

DAILY PATIENT ASSESSMENT SHEET

Averett, Zavius

Date 7/30/05

	11-7	7-3	3-11
Time	0720		1800
Assessed by (initials):	[illegible]		CS
RESPIRATORY			
Quality			
Normal	✓		✓
Shallow			
Deep			
Labored			
Rate - WNL	✓		✓
Slow			
Rapid			
Sounds - Clear	✓		✓
Abnormal			
Cough - Productive			
Non-Productive			
Humidified O2 Therapy			
L/Minute			
Incentive Spirometer			
Suctioning-Oral/NI/Trach			
ABDOMEN			
Abdomen soft & nondistended	✓		✓
Abnormal	✓		✓
Bowel sounds - Active	✓		
Abnormal			
Pain-Tenderness			
PULSE/RATE			
Regular	✓		✓
Irregular			
Strong	✓		✓
Weak			
Apical			✓
Radial	✓		
REFERRALS			
Patient Teaching	✓		✓

	11-7	7-3	3-11
Time	0720		1800
Assessed by (initials):	[illegible]		CS
TUBES AND DRAINAGE			
	✓		✓
Wound healing S inflammation	✓		✓
WOUNDS/ULCERS/DRESSINGS			
Dressing Dry & Intact	✓		✓
Dressing Changed			
Size			
Type			
Location (R) leg	✓		✓
(L) Arm	✓		✓
(L) side	✓		✓
(L) hand index finger	✓		✓
TREATMENTS			
I.V. THERAPY			
Bottle #/Rate	✓		✓
Site and Rate checked every two hours	✓		✓

NURSE'S SIGNATURE:			
RN 11-7		LPN 11-7 [signature]	11-7
7-3		7-3	7-3
3-11		3-11 Anderson	3-11

PRISON HEALTH SERVICES INCORPORATED

DAILY PATIENT ASSESSMENT SHEET

Date 7-29-05

		11-7	7-3	3-11
	Time			1800
	Assessed by (initials):			VR
RESPIRATORY	Quality			
	Normal			✓
	Shallow			
	Deep			
	Labored			
	Rate - WNL			✓
	Slow			
	Rapid			
	Sounds - Clear			✓
	Abnormal			
	Cough - Productive			
	Non-Productive			
	Humidified O2 Therapy			
	L/Minute			
	Incentive Spirometer			
	Suctioning-Oral/NI/Trach			
ABDOMEN	Abdomen soft & nondistended			✓
	Abnormal			
	Bowel sounds - Active			✓
	Abnormal			
	Pain-Tenderness			
PULSE/RATE	Regular			✓
	Irregular			
	Strong			
	Weak			✓
	Apical			
	Radial			✓
REFERRALS	Patient Teaching			/

		11-7	7-3	3-11
	Time			1800
	Assessed by (initials):			VR
TUBES AND DRAINAGE				
	Wound healing ☐ S inflammation			
WOUNDS/ULCERS/DRESSINGS	Dressing Dry & Intact			✓
	Dressing Changed			
	Size			
	Type			
	Location			
	① Forearm			
	② ~~Index Finger~~			
	③ Side			
	④ ~~Inner Thigh~~			
TREATMENTS				
I.V. THERAPY	Bottle #/Rate			
	Site and Rate checked every two hours			

NURSE'S SIGNATURE:		
RN 11-7	LPN 11-7	11-7
7-3	7-3	7-3 Sandra PN
3-11	3-11 V Elliott	3-11

PHS-MD-70055

PRISON HEALTH SERVICES INCORPORATED

INFIRMARY NURSING PROGRESS NOTES

Date/Time	
7-29-05	Alert & oriented. Stab wounds Covered VS Stable
18:00	med accepted No distress noted will Continue
	to monitor. ——— OEllington
7/30/05	0200 S) "I'm alright - I'm sore" O) VS stable.
	No C/O or needs voiced. Accepted + took
	AM meds. Left arm in sling. A) Alert
	in Comfort. P) Continue to Observe Bkk
7/30/05	1140 Continues on Keflex as directed S
	difficulty. O adverse reactions noted.
	——— CAdkinson
7/30/05	Inmate transferred to Ward I from ISO cell
	w/out incident V/signs T 98.4 P 79 R 1
	BP 131/92 O2 @ 97% Inmate showered and
	dsg's Δ this shift. meds given w/out
	incident No S+B No distress noted will
	continue to monitor ——— CSanderson
7/31/05	0200 S) "Can you change my dressing?" O) Dsg.
	To L Arm R sided and left index finger
	Changed. Tolerated well. A) Alt. in Comfort
	P) Continue to Observe ——— Bkk
7/31/05	Pt. A&Ox3, ambulatory/unlabored. ø S/S of c/o pain/
1500	distress. Tolerates PO meds S difficulty, monitor.
	——— J. Ayo
	/ / / / / / /

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	R/S	FAC.
Averett, Tavius	211905	[redacted]	B/M	WDCF

PHS-MD-70049 Complete Both Sides Before Using Another Sheet

PHS
PRISON HEALTH SERVICES INCORPORATED

INFIRMARY PATIENT CARE PLAN

Name: Averette Zavius
DOC #: 217905
Admit Date: 7 12 9 05
Admit Weight:

Diagnosis: Multiple Lacunar
Operations:
Special Procedures:
Allergies:

Weight:
B/P & TPR BID ____ TID ____
Q 4 hours ____ Daily ____
Neuro Checks:
Other:

Diet Regular
1 [ ] 0 [ ]
Fluids:
Encourage/Restrict
7 - 3
3 - 11
11 - 7
NPO:

Code Blue Y N
Living Will Y N
Power/Attorney Y N
Medications:

Foley Cath:
Straight Cath:

Isolation:
Type:

Treatments:
Glucose Monitoring:

Radiology:
Preps: Y N

Respiratory Therapy:
constant/prn
cannula/mask
Oxygen 1/pm
Maximist Treatments:

Laboratory:
Tests:

Dressings/Treatments:
(L) Arm
(L) Hand
(R) side
(R) Knee

PRN Medications:

PRISON HEALTH SERVICES INCORPORATED

INFIRMARY NURSING PROGRESS NOTES

Date/Time	
7/31/05	8w - S) Inmate quiet O) VS stable, dressings D'ed, Meds given as ordered & acute distress noted A) Alt in Comfort P) continue to monitor — [illegible]
8/1/05 0200	S) Quiet O) V.S. stable, ~~drop to~~ Dsg. to lacerations dry + intact. Breakfast eaten, meds taken A) Alt in comfort P) Continue to observe — [illegible]
8/1/05 0800	S) Alright O) VSS. Resp's on skin W/D to touch. Dsg dry + intact No c/o voiced No distress noted A) Alt in comfort P) cont to observe — [illegible]
8/2/05	(S) d/c wright (O) VSS, resp even unlabored all medications, (A) Alt's comfort (P) to be DC'd as per MD — [illegible]

		11-7		7-3		3-11				11-7		7-3		3-11	
	Time					1900			Time					1900	
	Assessed by (initials):					K			Assessed by (initials):					K	
BEHAVIOR/MENTAL STATUS	Alert					~		SKIN	Temperature: Warm					~	
	Oriented x 3					~			Hot						
	Disoriented								Cool						
	Lethargic								Turgor: Good					~	
									Fair						
	Cooperative					~			Poor						
	Combative/Uncooperative								Moisture: Dry					~	
	Anxious								Moist						
	Depressed								Color: WNL					~	
									Pale						
SPEECH	Clear					~			Flushed						
	Slurred								Cyanotic						
	Rambling								Jaundice						
	Aphasic														
	Inappropriate								Edema (location/amount)						
SENSATION/MOVEMENT	Moves all extremities					~									
	Weakness								Free of pressure/irritation						
								TUBE FEEDINGS	Tube feeding/Type:						
	Paralysis														
	Paresthesia								Bottle changed						
	CMS intact								Tubing changed						
ACTIVITIES	Bedrest							SAFETY	Restraints: soft wrist/posey						
	Turn q 2 hours								Call light in reach						
	OOB (chair)								Bed in low position					~	
	BRP								Siderails: up x 4						
	Bedside commode								Ambularm						
	Ambulate														
								OTHER	Decub. mattress/pad						
HYGIENE	Complete/Assist/Partial								TED hose: knee hi/thigh hi						
	Shower/Shampoo								Remove 30 q 8 hours						
	Oral Care							NURSING ROUNDS	Checked on rounds					~	
	P.M. Care								Respirations unchanged					~	
	Peri-Care														
	Doctor's visits														

✔ Acceptable normal X Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	RACE/SEX	FAC.

	11-7	7-3	3-11
Time	0200		1800
Assessed by (initials):			
BEHAVIOR/MENTAL STATUS			
Alert	✓		✓
Oriented x 3	✓		✓
Disoriented			
Lethargic			
Cooperative	✓		✓
Combative/Uncooperative			
Anxious			
Depressed			
	✓		
SPEECH			
Clear	✓		✓
Slurred			
Rambling			
Aphasic			
Inappropriate			
SENSATION/MOVEMENT			
Moves all extremities	✓		✓
Weakness			
Paralysis			
Paresthesia			
CMS intact			
ACTIVITIES			
Bedrest			
Turn q 2 hours			
OOB (chair)			
BRP			
Bedside commode	✓		
Ambulate	✓		✓
HYGIENE			
Complete/Assist/Partial			
Shower/Shampoo			
Oral Care			
P.M. Care			
Peri-Care			
Doctor's visits			

	11-7	7-3	3-11
Time	0200		1800
Assessed by (initials):			
SKIN			
Temperature: Warm	✓		✓
Hot			
Cool			
Turgor: Good	✓		✓
Fair			
Poor			
Moisture: Dry	✓		✓
Moist			
Color: WNL	✓		✓
Pale			
Flushed			
Cyanotic			
Jaundice			
Edema (location/amount)			
Free of pressure/irritation			
TUBE FEEDINGS			
Tube feeding/Type:	✓		✓
	✓		✓
Bottle changed	✓		✓
Tubing changed	✓		✓
SAFETY			
Restraints: soft wrist/posey			✓
Call light in reach			✓
Bed in low position	✓		✓
Siderails: up x 4			✓
Ambularm			✓
OTHER			
Decub. mattress/pad	✓		✓
TED hose: knee hi/thigh hi	✓		✓
Remove 30 q 8 hours	✓		✓
NURSING ROUNDS			
Checked on rounds	✓		✓
Respirations unchanged	✓		✓

✓ Acceptable normal X Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	RACE/SEX	FAC.

		11-7	7-3	3-11
	Time	DW		RW
	Assessed by (initials):	B		dh
BEHAVIOR/MENTAL STATUS	Alert	/		✓
	Oriented x 3	/		✓
	Disoriented			
	Lethargic			
		/		
	Cooperative	/		✓
	Combative/Uncooperative			
	Anxious			
	Depressed			
SPEECH	Clear	/		✓
	Slurred			
	Rambling			
	Aphasic			
	Inappropriate			
		/		
SENSATION/MOVEMENT	Moves all extremities	/		✓
	Weakness			
	Paralysis			
	Paresthesia			
	CMS intact			
ACTIVITIES	Bedrest			
	Turn q 2 hours			
	OOB (chair)			
	BRP			
	Bedside commode			
	Ambulate	/		✓
HYGIENE	Complete/Assist/Partial	|		|
	Shower/Shampoo			\
	Oral Care			
	P M. Care			
	Peri-Care			
	Doctor's visits			

		11-7	7-3	3-11
	Time	DW		RW
	Assessed by (initials):	B		dh
SKIN	Temperature: Warm	—		✓
	Hot			
	Cool			
	Turgor: Good	/		✓
	Fair			
	Poor			
	Moisture: Dry	/		✓
	Moist			
	Color: WNL	/		✓
	Pale			
	Flushed			
	Cyanotic			
	Jaundice			
	Edema (location/amount)			
	Free of pressure/irritation			
TUBE FEEDINGS	Tube feeding/Type:	|		|
		|		|
	Bottle changed	|		|
	Tubing changed	|		|
SAFETY	Restraints: soft wrist/posey			
	Call light in reach			
	Bed in low position	/		✓
	Siderails: up x 4			
	Ambularm			
OTHER	Decub. mattress/pad	|		|
	TED hose: knee hi/thigh hi	|		|
	Remove 30 q 8 hours	|		|
NURSING ROUNDS	Checked on rounds	/		✓
	Respirations unchanged	✓		/

✓ Acceptable normal X Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	RACE/SEX	FAC.

		11-7	7-3	3-11
	Time	0200	0800	1600
	Assessed by (initials):	[illegible]	[illegible]	[illegible]
BEHAVIOR/MENTAL STATUS	Alert	✓	✓	✓
	Oriented x 3	✓	✓	✓
	Disoriented			
	Lethargic			
	Cooperative	✓	✓	✓
	Combative/Uncooperative			
	Anxious			
	Depressed			
SPEECH	Clear	✓	✓	✓
	Slurred			
	Rambling			
	Aphasic			
	Inappropriate			
SENSATION/MOVEMENT	Moves all extremities	✓	✓	✓
	Weakness (L) Arm	—	✓	
	Paralysis			
	Paresthesia			
	CMS intact			
ACTIVITIES	Bedrest			
	Turn q 2 hours			
	OOB (chair)			
	BRP			
	Bedside commode			
	Ambulate	✓	✓	
HYGIENE	Complete/Assist/Partial	✓	✓	
	Shower/Shampoo	✓	✓	
	Oral Care	✓	✓	
	P.M. Care	✓	✓	
	Peri-Care	✓	✓	
		✓	✓	
	Doctor's visits			

		11-7	7-3	3-11
	Time	0200	0800	1600
	Assessed by (initials):	[illegible]	[illegible]	[illegible]
SKIN	Temperature: Warm	✓	✓	✓
	Hot			
	Cool			
	Turgor: Good	✓	✓	✓
	Fair			
	Poor			
	Moisture: Dry	✓	✓	✓
	Moist			
	Color: WNL	✓	✓	✓
	Pale			
	Flushed			
	Cyanotic			
	Jaundice			
	Edema (location/amount)			
	Free of pressure/irritation		✓	
TUBE FEEDINGS	Tube feeding/Type:	✓	✓	
		✓	✓	
	Bottle changed	✓	✓	
	Tubing changed	✓	✓	
SAFETY	Restraints: soft wrist/posey			
	Call light in reach			
	Bed in low position	✓	✓	✓
	Siderails: up x 4			
	Ambularm			
OTHER	Decub mattress/pad	✓	✓	
	TED hose: knee hi/thigh hi	✓	✓	
	Remove 30 q 8 hours	✓	✓	
NURSING ROUNDS	Checked on rounds	✓	✓	✓
	Respirations unchanged	✓	✓	✓

✓ Acceptable normal X Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	RACE/SEX	FAC.

	11-7	7-3	3-11
Time	0720		
Assessed by (initials):	CJ		

BEHAVIOR/MENTAL STATUS

	11-7	7-3	3-11
Alert	✓		
Oriented x 3	✓		
Disoriented			
Lethargic			
Cooperative	✓		
Combative/Uncooperative			
Anxious			
Depressed			

SPEECH

	11-7	7-3	3-11
Clear	✓		
Slurred			
Rambling			
Aphasic			
Inappropriate			

SENSATION/MOVEMENT

	11-7	7-3	3-11
Moves all extremities	✓		
Weakness (L) arm	✓		
Paralysis			
Paresthesia			
CMS intact			

ACTIVITIES

	11-7	7-3	3-11
Bedrest			
Turn q 2 hours			
OOB (chair)			
BRP			
Bedside commode			
Ambulate	✓		

HYGIENE

	11-7	7-3	3-11
Complete/Assist/Partial	✓		
Shower/Shampoo			
Oral Care			
P.M. Care			
Peri-Care			
Doctor's visits			

	11-7	7-3	3-11
Time	0720		
Assessed by (initials):	CJ		

SKIN

	11-7	7-3	3-11
Temperature: Warm	✓		
Hot			
Cool			
Turgor: Good	✓		
Fair			
Poor			
Moisture: Dry	✓		
Moist			
Color: WNL	✓		
Pale			
Flushed			
Cyanotic			
Jaundice			
Edema (location/amount)			
Free of pressure/irritation			

TUBE FEEDINGS

	11-7	7-3	3-11
Tube feeding/Type:	✓		
	✓		
Bottle changed	✓		
Tubing changed	✓		

SAFETY

	11-7	7-3	3-11
Restraints: soft wrist/posey			
Call light in reach			
Bed in low position	✓		
Siderails: up x 4			
Ambularm			

OTHER

	11-7	7-3	3-11
Decub. mattress/pad	✓		
TED hose: knee hi/thigh hi	✓		
Remove 30 q 8 hours	✓		

NURSING ROUNDS

	11-7	7-3	3-11
Checked on rounds	✓		
Respirations unchanged	✓		

✔ Acceptable normal X Within normal limits

INMATE NAME (LAST, FIRST, MIDDLE)	DOC#	DOB	RACE/SEX	FAC.

PRISON HEALTH SERVICES INCORPORATED

PHYSICIANS' ORDERS

NAME: D.O.B. / / ALLERGIES: Use Last Date / /	DIAGNOSIS (If Chg'd) ☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: D.O.B. / / ALLERGIES: Use Fourth Date / /	DIAGNOSIS (If Chg'd) ☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: D.O.B. / / ALLERGIES: Use Third Date / /	DIAGNOSIS (If Chg'd) ☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: D.O.B. / / ALLERGIES: Use Second Date / /	DIAGNOSIS (If Chg'd) ☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Quentto Zarus noted 2-1-06 SW D.O.B. / / ALLERGIES: KOP → given 2/1/06 Use First Date 2/1/06	DIAGNOSIS Ho Oo Rinse TidX 10days Pen VK 500mg TidX 10days Flagyl 250mg TidX 10days ☐ GENERIC SUBSTITUTION IS NOT PERMITTED

DMD

MEDICAL RECORDS COPY

60110 (4/03)

PRISON HEALTH SERVICES INCORPORATED

PHYSICIANS' ORDERS

NAME: Averette Zarius 217905

D.O.B. / /

ALLERGIES: NKDA

Use Last Date 9/29/05

KOP given 9/29/05

Motrin 600mg p.o. t.i.d. x 7 days
Nasal Rinse b.i.d. x 10 days

[signature] DMD

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Averette, Zarius C-2-29

D.O.B. [redacted]

ALLERGIES: NKDA

Use Fourth Date 8/12/05

Noted cancellation 8/14/05

1) Percogesic - 2 p.o. t.i.d. p.r.n. x 14 days
2) RTC in 3 weeks for recheck

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Averette, Zarius 217905

D.O.B. [redacted]

ALLERGIES: NKDA

Use Third Date 8/2/05

noted Williams 8/2/05 noon

1) Pink slip for bottom bunk for 30 days

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Averette, Zarius 217905

D.O.B. [redacted]

ALLERGIES: NKDA

Use Second Date 8/1/05

noted Williams 8/2/05

1) Please D/C on Keflex 500 mg p.o. T.I.D. x 7 days (KOP)
RTC in one week

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Averette Zarius #217905

D.O.B. [redacted]

ALLERGIES: NKDA

'se First Date 7/29/05

1) Keflex 500mg p.o. T.i.d. x 7 days

Dr. Mosier

1444 7-29-05

☐ GENERIC SUBSTITUTION IS NOT PERMITTED

PHS
PRISON HEALTH SERVICES INCORPORATED

PHYSICIANS' ORDERS

NAME: Averette, Zavius 217905
D.O.B. [redacted]
ALLERGIES: NKA
Use Last Date 1/1/05

DIAGNOSIS (If Chg'd)
Feldene 10mg po QD X 60 days. KOP
VO Dr. Maier / B. [illegible] 1/1/05 2345
☐ GENERIC SUBSTITUTION IS NOT PERMITTED

NAME: Averette Zavius 217905
D.O.B. [redacted]
ALLERGIES: NKA
Use Fourth Date 12/2004
Noted [illegible] 12/20/04

DIAGNOSIS (If Chg'd)
Feldene 10 mg po qd x 60 days KOP
~~Mot~~
Chart to ~~[illegible]~~ HSA when finished
☐ GENERIC SUBSTITUTION IS NOT PERMITTED [illegible] CRNP

NAME: Averette, Zavius 217905
D.O.B. [redacted]
ALLERGIES:
Use Third Date 11/16/04

DIAGNOSIS (If Chg'd)
Feldene 10mg po qd x 30 days KOP
Hcu visit HCU MD – Back pain
appt 12/20/04 SD
11/16/04 @ 9:40A
☐ GENERIC SUBSTITUTION IS NOT PERMITTED [illegible] CRNP
11/16/04 SD

NAME: Averette, Zavius 21790S
D.O.B. [redacted]
ALLERGIES:
Use Second Date 11/9/04

DIAGNOSIS (If Chg'd)
~~XRay left elbow~~
HCU evaluation of elbow c̄ back
☐ GENERIC SUBSTITUTION IS NOT PERMITTED [illegible] CRNP

NAME: Averette, Zavius #217905
D.O.B. [redacted]
ALLERGIES: NKDA
First Date 11/5/04

DIAGNOSIS
Motrin 600mg tid x 3d
11/05/04 2100
☐ GENERIC SUBSTITUTION IS NOT PERMITTED [illegible] DMD

MEDICAL RECORDS COPY

PHS
PRISON HEALTH SERVICES INCORPORATED

PHYSICIANS' ORDERS

NAME: Zavius, Averette 217905 D.O.B. [redacted] ALLERGIES: Use Last Date 10/19/04	DIAGNOSIS (If Chg'd) 097279 Rheumatoid profile Noted in [illegible] 10/19/04 [illegible] ☐ GENERIC SUBSTITUTION IS NOT PERMITTED [signature]
NAME: Zavius, Averette 217905 D.O.B. [redacted] ALLERGIES: Staton Use Fourth Date 9/21/04	DIAGNOSIS (If Chg'd) X Ray left elbow & C/L spine Itch [illegible] 1 WK p XRays [signature] 9-22-04 @ 10[illegible] ☐ GENERIC SUBSTITUTION IS NOT PERMITTED [signature]
NAME: Zavius, Averette [signature] 9/13/04 1330 D.O.B. [redacted] ALLERGIES: NKDA Use Third Date 9/13/04	DIAGNOSIS (If Chg'd) (1) Feldene 20 mg PO BID x 7d (2) Flexeril 10 mg q HS x 3d only ☐ GENERIC SUBSTITUTION IS NOT PERMITTED
NAME: Zavius Averette 217905 D.O.B. [redacted] ALLERGIES: Use Second Date 8/31/04	DIAGNOSIS (If Chg'd) Eye list Noted 8/31/04. Spears [illegible] @ 1:15 pm ☐ GENERIC SUBSTITUTION IS NOT PERMITTED [signature]
NAME: Zavius, Averette 217905 Staton D.O.B. [redacted] ALLERGIES: Use First Date 8/25/04	DIAGNOSIS Sched eval of limb pain appt. 9/6 @ Sick call x2 [signature] ☐ GENERIC SUBSTITUTION IS NOT PERMITTED

60110 (4/03)

MEDICAL RECORDS COPY

PHS
PRISON HEALTH SERVICES INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: Averette, James 21790 D.O.B.: / /
2/6/06	weight 189# BP 160/82 P 72 R 20 T 98 asymptomatic Barbara
	s). pt c/o bumps on the hands & his head.
	o). multiple small hyperthrophic scars in occiput
	a). Hyperthrophic scars
	p). Reassure
	C. Hurdle
5/12/06	BP 130/84 P 72 R 14 T 96.8 Wt. 182 lbs
	s). 26 yo Bm with multiple keloid/Hyperthrophic scars on his upper neck
	a). keloids
	p). Inject ~ 5 mg/ml kenalog & 1% lidocaine RTC + MD
	C. Hurdle
6/2/06	No show for MD appt. Called for 3-4 times by Officer Merriweather. None was in newsletter Barbara

PHS
PRISON HEALTH SERVICES INCORPORATED

PROGRESS NOTES

Date/Time	Inmate's Name: D.O.B.: / /
8/11/05 11:35am	S: Multiple superficial stab wounds — no evidence of infection O: AFVSS P: I) D/C on current meds
8/11/05 3:19p	S: Here for multiple stab wounds / left arm / right thigh ~~right~~ is left index finger / No problems with site O: Healing stab wounds left forearm, left index finger / right thigh A/P: I) Trying exercising arms & finger
9/15/05 5:30p	S: Here for recheck of multiple stab wounds O: Gen: WD/WN BM in NAD Stab wounds healed Keloids back of scalp,

60111 (5/85)

Complete Both Sides Before Using Another Sheet

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: ZAVIUS AVERETTE Date of Request: 5-4-06
ID # 217905 Date of Birth: _____ Location: 2-79
Nature of problem or request: The Doctor told me to put a Sick call Slip in in 3 month for a recheck up.

Zavius Averette
Signature

DO NOT WRITE BELOW THIS LINE

Date: 5/8/06
Time: 0445 (AM) PM
Allergies: NKDA

RECEIVED
Date:
Time:
Receiving Nurse Intials _____

screened 5/8/06 0445 AC

(S)ubjective: No change in plans on scalp. Need to see him for 3 month Check.

(O)bjective (V/S): T: 98 P: 72 R: 20 BP: 136/82 WT: 187#
Raised scarring to post scalp. No erythema. Seen by MD 2/6/06 for acne.

(A)ssessment: 26 yo B/M c raised scarring to post scalp @ hairline

(P)lan: MD appt.
gave pt

Refer to: (MD/PA) Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE (✓) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

Barnes RN
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Zavius Averette Date of Request: 2-1-06
ID # 217905 Date of Birth: _____ Location: 2-79
Nature of problem or request: I bumps on my neck has gotten worst, I really need Something done about it

Zavius Averette
Signature

DO NOT WRITE BELOW THIS LINE

Date: 2/3/06
Time: 0555 (AM) PM
Allergies: NKDA

6/28/74

RECEIVED
Date:
Time:
Receiving Nurse Intials _____

received 2/3/06 0555 HT

(S)ubjective: The bumps on my neck is getting worse. Was told it was fungus from clippers. been there one year.

(O)bjective (V/S): T: 98.2 P: 88 R: 20 BP: 140/86 WT: 187 ½
Raised hard lesions in hair @ post scalp. No drainage

(A)ssessment: 26yo B/M c raised lesions to post scalp

(P)lan: MD Lopez
2/6/06 NE: Dont pick or irritate area

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: ZAVIUS AVERETTE, Date of Request: 9-22-05
ID # 217905 Date of Birth: _____ Location: 2-79
Nature of problem or request: _____

_____
Signature

DO NOT WRITE BELOW THIS LINE

Date: 9/26/05
Time: 0630 AM PM
Allergies: _____

RECEIVED
Date:
Time:
Receiving Nurse Intials _____

(S)ubjective:

(O)bjective **(V/S):** **T:** _____ **P:** _____ **R:** _____ **BP:** _____ **WT:** _____

(A)ssessment: No show for sick call screening. Called for by infirmary clerk to office @ 0540 + 0605

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

_____
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLE-1002 (1/4)

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Zavius Averette Date of Request: 9-12-05
ID # 217905 Date of Birth: _____ Location: 2-79
Nature of problem or request: The bumps behind my head it's hurting real bad, I really need something for it, I got two teeth that's hurting my gum i need them pulled.

Signature

DO NOT WRITE BELOW THIS LINE

Date: 9/14/05
Time: 0714 AM PM
Allergies: _____

RECEIVED
Date:
Time:
Receiving Nurse Intials _____

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment: Asking 4 appt. Advised appt

(P)lan: MD scheduled 9/15/05

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Zavius Averette Date of Request: 9-6-05
ID # 217903 Date of Birth: _____ Location: 2-79
Nature of problem or request: I need something for the bumps in the back of my head.

Zavius Averette
Signature

DO NOT WRITE BELOW THIS LINE

Date: 9/6/05
Time: 0900 (AM) PM
Allergies: _____

RECEIVED
Date:
Time:
Receiving Nurse Intials _____

(S)ubjective:

(O)bjective (V/S): T: _____ P: _____ R: _____ BP: _____ WT: _____

(A)ssessment: Screened this AM. Has MD appt pending

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

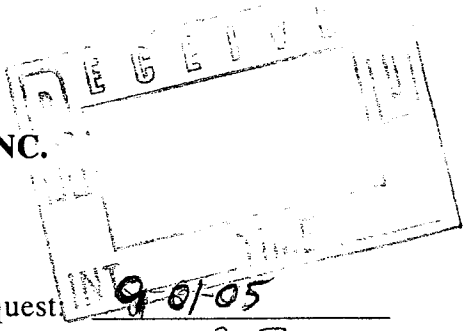
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

CLF 1002 (1/1)

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST



Print Name: Zavius Averette Date of Request: 9-01-05
ID # 217905 Date of Birth: _____ Location: 2-79
Nature of problem or request: I need Something to Cure the bump in back of my head.

Zavius Averette
Signature

DO NOT WRITE BELOW THIS LINE

Date: 9/6/05
Time: 0630 AM PM
Allergies: None

RECEIVED
Date:
Time:
Receiving Nurse Intials _____

received 9/6/05 0630 hrs

(S)ubjective: Burn on back of neck. Supposed to have appt. anyway. Nothing for me yet. Just general thing ordered."

(O)bjective (V/S): T: 98.4 P: 84 R: 20 BP: 142/90 WT: 182#
Seen by MD 8/11/05. No appt pending. 9/15/05

(A)ssessment: 26yo B/M advised: no appt, Chronic illness post scalp

(P)lan: Watch newsletter for MD appt.

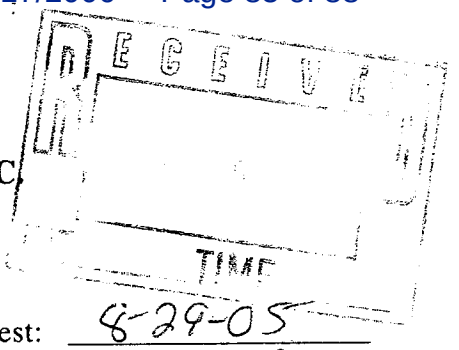
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST



Print Name: ZAVIUS AVERETTE Date of Request: 8-29-05
ID # 217905 Date of Birth: _____ Location: 2-79
Nature of problem or request: I need something to get rid of the bumps in the back of my Head.

Zavius Averette
Signature

DO NOT WRITE BELOW THIS LINE

Date: 8/31/05
Time: 0830 AM PM
Allergies: _____

RECEIVED
Date:
Time:
Receiving Nurse Intials _____

(S)ubjective:

(O)bjective (V/S): T: _____ **P:** _____ **R:** _____ **BP:** _____ **WT:** _____

(A)ssessment: No show for sick call screening. Called for by nurse from clinic office @ 0820

(P)lan:

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE
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PHS
PRISON HEALTH SERVICES INCORPORATED

EMERGENCY

ADMISSION DATE 7/29/05 TIME 0800 AM/PM
ORIGINATING FACILITY WDCF ☐ SIR ☐ PDL ☐ ESCAPEE ☒ RTM
☐ SICK CALL ☒ EMERGENCY ☐ OUTPATIENT

ALLERGIES NKA
CONDITION ON ADMISSION ☒ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA

VITAL SIGNS: TEMP 98.4 ORAL / RECTAL RESP 20 PULSE 92 B/P 110/78 RECHECK IF SYSTOLIC <100> 50 ___/___

NATURE OF INJURY OR ILLNESS

S) I dont know I was asleep I dont know what happened or who did it.

O) Approx 1½ long and approx ½ cent deep stab noted to ② side. Approx 2 cent long and approx 2 cent deep inner thigh ⓑ 4 inches above knee.

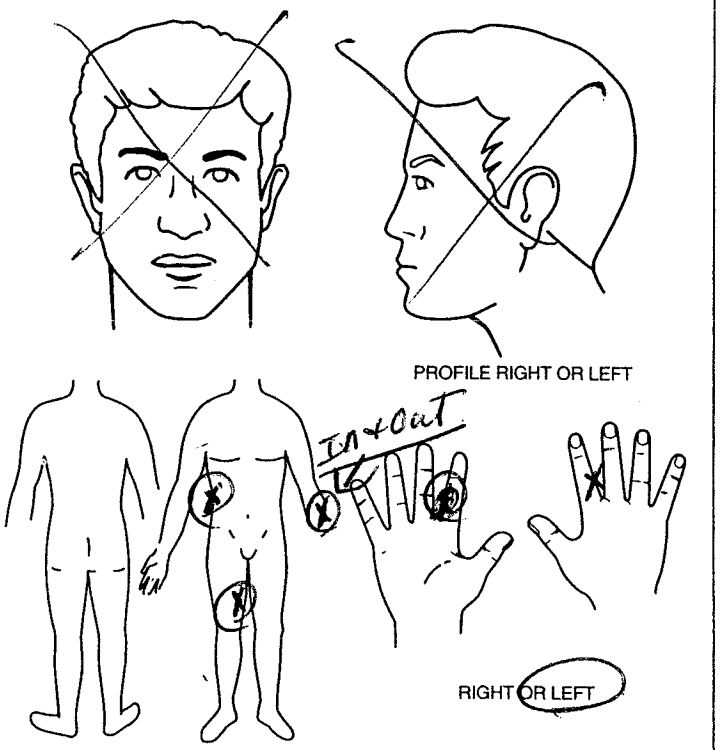
PHYSICAL EXAMINATION

2 wounds noted to ⓛ midway forearm. Superficial laceration noted to ⓛ index finger.

A) Alt in comfort

P) All wounds dressed and cleaned. Each wound cleansed c H2O2, all closed c difficulty c Steri Strips wound edges approx. Well, Pt. tolerated well c any complaints voiced, Small amt. Serous drainage from ⓡ hip & ⓡ thigh wounds

ABRASION ///	CONTUSION #	BURN xx xx	FRACTURE Z Z	LACERATION / ___ SUTURES



ORDERS / MEDICATIONS / IV FLUIDS	TIME	BY
① Keflex 500mg PO TidX 7 days		
② Tetanus Toxoid 0.5ml IM now - done per Mrs. Green LPN		
③ Hold for Eval in Infirm. for now		

DIAGNOSIS

INSTRUCTIONS TO PATIENT Notify Medical Personnel of any Dis or Problems

DISCHARGE DATE 7/29/05 TIME 0907 AM/PM
RELEASE / TRANSFERRED TO ☒ DOC ☐ AMBULANCE ☐
CONDITION ON DISCHARGE ☒ SATISFACTORY ☐ POOR ☐ FAIR ☐ CRITICAL

NURSE'S SIGNATURE [signature] DATE 7-29-05
PHYSICIAN'S SIGNATURE [signature] DATE 8/1/05
CONSULTATION

INMATE NAME (LAST, FIRST, MIDDLE) Averette, Lavinia Lavius
DOC# 217905 DOB [redacted] R/S B/M FAC WDCF

PHS
PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Zarius Averette   Date of Request: 1-4-05
ID # 217905   Date of Birth: ______ Location: B-3-6-T
Nature of problem or request: left elbow and back is still acting up.

Signature

DO NOT WRITE BELOW THIS LINE

Date: 1/4/05
Time: 2000 AM PM
Allergies: NKA

RECEIVED
Date:
Time:
Receiving Nurse Intials ______

(S)ubjective: "Somebody has picked up my pain pills when I go to pill call they won't give me any because they're ordered KOP"

(O)bjective (V/S): T: 97.6 P: 80 R: 20 BP: 128/84 WT: 170

c/o pain to (L) elbow from ball injury c/o stiffness upon rising to (L) elbow ~~joint~~ Full Rom to (L) elbow

(A)ssessment:

Alteration in comfort

(P)lan: MD to review

Signed for Feldene 12-28-04 KOP

Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE

Check One: ROUTINE (✓) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE 1-5-5

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF-1002 (1/4)

PRISON HEALTH SERVICES INCORPORATED

PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST

Print Name: Zavius Averette Date of Request: 11-8-04
ID # 217905 Date of Birth: _____ Location: B-3-6-T
Nature of problem or request: The problem with my left elbow and back has got worst.

Signature

DO NOT WRITE BELOW THIS LINE

Date: 11/8/04
Time: 6:15p AM (PM)
Allergies: _____

RECEIVED
Date:
Time:
Receiving Nurse Intials _____

(S)ubjective: I need to see a M.D about my lt elbow lt back.

(O)bjective (V/S): T: 97.8 P: 77 R: 18 BP: 108/68 WT: 170
AtOx3 Ambulating in 5 diff. states injured in altercation on sat 97 c/o severe pain to elbow & lt back. Ø edema or deformities noted

(A)ssessment: Alt comfort

Body Chart 9-10-04

(P)lan: √ pill call

Refer to: (MD/PA) Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )

SIGNATURE AND TITLE 11-9-04

WHITE: INMATES MEDICAL FILE
YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLE-1002 (1/4)